



Harrisville City
 363 N Independence Blvd.
 Harrisville, UT 84404

Business License Application

*This is an application for a business license to operate any business within Harrisville City. Actual license will be issued only when zoning requirements have been met, and all inspections are completed and approved. Issuance does not guarantee compliance with zoning and other local ordinances. All information must be accurately completed, or the issuance may be delayed and criminal penalties may apply. Issuance of a business license does not relieve applicant or property owner from responsibility to comply with applicable regulations. **Approved Inspection from the North View Fire Department is required.***

Home Businesses may not be permitted to have visiting clientele. Temporary Business Licenses are only valid for 45 days.

Applicant Information

Application Date: _____

Name: _____ Phone: _____

Address: _____

Position/Title: _____ Email: _____

Driver's License #: _____ State issued: _____

Business Information

Business Registration Type: _____ Registered Agent: _____

Business Name: _____

DBA Name: _____

Local Business Address: _____

Mailing Address: _____

Local Business Phone: _____ Local Business Email: _____

Business Licensing Contact: _____ Email: _____ Phone: _____

Federal Tax ID: _____ State Tax ID: _____ State License #: _____

Professional License Type: _____ License #: _____

Does your business sell alcohol or tobacco? _____ If yes, provide required licenses and documentation.

Number of Employees: _____ Do you handle hazardous material: _____

Description of Building: _____

Detailed Description of Business: _____

Emergency Contact: _____ Phone: _____

Local Manager: _____ Phone: _____

Owner Information

Owner's Name: _____

Home Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Birth Date: _____ Driver's License #: _____ State: _____

I/We _____, hereby agree to conduct business strictly in accordance with the Laws and Ordinances governing such business and certify that the information provided in this application is true and correct.

Signature: _____ Title: _____ Date: _____

<i>Office Use Only Department Approvals Required</i>	
Fire Marshall	Planning Dept
Police Dept	Licensing Dept

Amount Paid:	Date:	Received By:
License Type:	License #:	
Notes:		