NEPHI CITY CORPORATION

21 East 100 North
Nephi, UT 84648
(435) 623-0822

BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

Business Name _____

Business Address _____ Business Telephone_____

Mailing Address _____

City _____ State _____ Zip Code _____

Email_____ Contact Telephone_____

OWNERSHIP

Ownership Type: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ LLC

Type of Business: ☐ Commercial ☐ Home Occupation-Walk-In-Traffic? ☐ Yes ☐ No

Number of Employees at location_____ (If you are the owner, DO NOT count yourself.)

Kind of Business (if applicable): ☐ Solicitor ☐ Home Occupation ☐ Restaurant

☐ Transient Merchant ☐ Mobile Food Truck ☐ Other_____

Nature of Business: ☐ Manufacturing ☐ Retail ☐ Day Care/Preschool - # of children_____

☐ Wholesale ☐ Services ☐ Other_____

DETAILED DESCRIPTION OF BUSINESS

For Solicitor License Police Department Authorization _____ Date _____

Business Entity No._____ Permanent Sales Tax No._____(tax.utah.gov)

Professsional License Type & No (if applicable) _____

PROPERTY INFORMATION

Property Owner Name: (owner of property where business is located)_____

Property Owner Address_____ Telephone_____

City_____ State_____ Zip Code_____

OWNER INFORMATION- PLEASE COMPLETE THIS SECTION

Owner/ Principal Name_____

Owner Address_____

City_____ State_____ Zip Code_____

Telephone_____

HEALTH DEPARTMENT SECTION-RESTAURANT, FOOD TRUCK, TANNING, PERMANENT COSMETICS, POOLS

I have verified the above applicant has completed all required by the health department.

Health Inspector Signature_____

Business licenses will only be issued when all inspections are complete and approved. Business Licensed expire annually on March 31st. Failure to receive renewal notice does not excuse this responsibility. License renewal fees are due are due before March 31st. Any lincense fee not paid will be considered void.

I/We hereby agree to conduct said business strictly in accordance with the Laws and Ordinaces set forth by Nephi City, Juab County, the State of Utah and Federal Standards, covering such business and attest that all information on this application is true and correct. I also agree that no other type of business will be conducted other than what is stated. I also understand this permit may be revoked at any time if it is determined said business violates any part of the provisions and regulations of the Nephi City Municipal Code.

Applicant's Signature_____

Please print your name_____

Date_____

Transient Merchant Property Owner Permission verified_____(city official)

OFFICE USE ONLY

Approval for Home Occupation permit_____

Zoning Approval_____

License No._____

Issue Date._____

A SIGN PERMIT IS REQUIRED FOR ANY SIGNAGE ON YOUR BUSINESS OR BUSINESS PROPERTY IN A COMMERCIAL LOCATION- INCLUDING NEW SIGNS OR REPLACING OLD SIGNS. NO SIGNAGE IS ALLOWED IN RESIDENTIAL AREAS. _____(INITIALS)