



Richfield City Corporation Business License Application

75 East Center • P.O. Box 250 • Richfield, Utah 84701 • 435-896-6439 • 435-896-6512 (Fax)

Business License # _____ State Sales Tax # _____ State Contractor # _____

Name of Business _____

DBA (If Applicable) _____

Business Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone Number _____

Name of Business Owner _____

Address _____

City _____ State _____ Zip _____

Home Phone # _____

Drivers License # _____

Social Security # _____

Manager Name _____ Phone Number _____

Property Owner _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Opening Date of Business _____

Description of Business _____

Emergency Contact (After Hours) _____

*This is an application for a business license; the actual license will be issued only when ALL inspections are received and approved. All information must be accurately completed or the issuance of the license will be delayed. Issuance of this license shall in no way relieve the applicable zoning, health, building, and fire regulations. **Business Licenses are non-transferable or refundable.***

I, We, _____ hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and understand that it is unlawful to make any false statement, declaration, or report as required in this application.

Date _____ 20____ Signed By _____

LICENSE FEES

Sweeping Fee \$ _____ Police Fee \$ _____
Administrative Fee \$ _____ PENALTY \$ _____ **TOTAL DUE \$ _____**

Zoning Department Approved Not Approved By _____ Date _____
License Officer Approved Not Approved By _____ Date _____
Fire Department Approved Not Approved By _____ Date _____
Health Department Approved Not Approved By _____ Date _____