



# Smithfield City BUSINESS LICENSE APPLICATION

96 South Main Street  
P.O. Box 96  
Smithfield, UT 84335

Date of Application \_\_\_\_\_  
 State Sales Tax Number \_\_\_\_\_  
 DBA/Inc. #: \_\_\_\_\_  
 License Type \_\_\_\_\_  
 Acct. Number \_\_\_\_\_  
**License Fees:**  
 Initial Fee: \$ \_\_\_\_\_  
 Other Fees: \$ \_\_\_\_\_  
 Type \_\_\_\_\_  
 Bond Required: \$ \_\_\_\_\_  
 Type \_\_\_\_\_  
 Exempt (non-Profit)  Yes  
 \_\_\_\_\_  
**Total Fees** \$ \_\_\_\_\_

Business License Number \_\_\_\_\_

Name of Business \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Owner's Name \_\_\_\_\_  
 Owner's Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Owner's Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Alternate Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**For partnership or corporation, please list same information as above for all partners, principal officers, and directors on a separate sheet, and attach.**

Description of Business: \_\_\_\_\_

*Make all checks payable to Smithfield City. Business license renewals shall be due annually on or before January 1st. If the fee is not paid by that date, a late charge of twenty-five (25) dollars will be assessed. If not paid by April 1<sup>st</sup>, another late fee of twenty-five (25) dollars will be assessed.*

**This form is an application for a business license. The actual license will be issued only when all necessary approvals are received. To engage in business you must comply with all Smithfield City regulations related to zoning, business, fire, health, safety, etc. Please allow at least seven (7) days for investigation and processing.**

Type of Organization:  Self-owned  Corporation  Limited Liability  
 Partnership  Limited Partnership  
 Status of Business:  New Home Occupation  New Commercial Business  
 Renewal  Independent Contractor

Property Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I (we) hereby agree to conduct business in accordance with the laws and ordinances governing such business and swear, under penalty of law, the information contained herein is true.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_

<b>For Official Use Only</b>		Approvals	Comments or Conditions
<input type="checkbox"/> Zoning Dept _____	Date _____	_____	_____
<input type="checkbox"/> Fire Dept _____	Date _____	_____	_____
<input type="checkbox"/> Police Dept _____	Date _____	_____	_____
<input type="checkbox"/> Building Dept _____	Date _____	_____	_____
<input type="checkbox"/> Health Dept _____	Date _____	_____	_____
<input type="checkbox"/> Pretreatment _____	Date _____	_____	_____