



BUSINESS LICENSE APPLICATION FOR THE TOWN OF BLUFF

Business Status (check all that apply):

New Business Location Change Name Change Ownership Change

State Registration:

Sole Proprietor Partnership Corporation Limited Liability

Name in which the business license will be issued _____

Location Address _____ Mailing Address _____

E-mail Address _____ Website Address _____

Business Phone# _____ 2nd Phone# _____

Nature of Business

Retail/Wholesale Food Lodging Services Nonprofit

Nonprofit Temporary (60 days or less) Transient (a mobile business for 60 days or less, like an ice cream truck) Other

Description of Business _____

Type: Commercial Home Occupation Will people be coming to your home to transact business Yes No Zone Commercial Residential

Sales Tax Number _____ Federal Identification Number _____

If applicant(s) is a Sole-Proprietor, please complete this section

Owner(s) Name _____

Owner(s) Mailing Address _____

Phone Number(s) _____

If applicant is a Corporation/Partnership/Limited Liability, please complete this section: Corporate

Name _____

Corporate Officers/Partners/Members _____

Registered Agent, Address, Phone _____

Corporate Address _____

City, State, Zip _____

Phone# _____

I, the undersigned, certify that all statements obtained in the application are true and correct to the best of the applicant's knowledge, information, and belief.

Applicant's Signature _____

Date _____

Please mail or email to:

Town of Bluff, PO Box 324, Bluff UT 84512

linda@townofbluff.org