

**BUSINESS LICENSE APPLICATION
TOWN OF HANKSVILLE**

BUSINESS INFORMATION

Business Status (check all that apply): New Business Location Change Name Change Ownership Change
 State Registration.....: Corporation Partnership Limited Liability Sole-Proprietor

Name in which the business license will be issued	Federal Identification number (FIN)
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Daytime Telephone Number ()	Evening Telephone Number ()	Fax Number ()	E-mail address
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Website Address	Cell phone number ()
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Street Address of business	City, State Hanksville, UT	Zip 84734-
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Mailing Address	City, State	Zip
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Type of Business: Commercial
 Home Occupation – Will people be coming to your home to transact business? Yes No

Kind of Business (if applicable): Nonprofit
 Temporary (60 days or less)
 Transient (a mobile business for 60 days or less such as an ice cream truck)

Nature of Business : Manufacturing Retail Day Care/ preschool – Number of Children _____
 Wholesale Services Other _____

Briefly Describe Your Business: _____

Does your business sell products? Yes No If yes, what is your state sales tax number? _____

Number of Employees at location: _____ (if you are the owner, DO NOT count yourself.)

If Applicant is a Sole-Proprietor, Please complete this section.

Owner Name _____
 Owner Mailing Address _____
 City, State, Zip _____
 Phone number _____ Date of Birth _____
 Ethnicity / Race _____

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 1 _____ Phone 2 _____
 Federal Tax Id# (EIN) _____

Applicants Agreement

I, the undersigned, understand and agree to comply with all Regulations, Ordinances, and Resolutions of the Town Of Hanksville.

Applicant's Signature _____ Date _____

Please Print your Name _____

Date License Approved _____