

FOR OFFICE USE ONLY

Issued _____
License No _____
Receipt No _____
Date Received _____
Application License Fee _____

City of Elk Ridge
Business License Division
80 East Park Drive, Elk Ridge, Utah 84651
Phone (801) 423-2300



SOLICITOR/TEMPORARY BUSINESS LICENSE

SECTION I: Business Information – Please type or print clearly

Business Name _____
Name of Owner _____ Name of Applicant _____
Business Location _____ Business Phone (____) _____
Address of Applicant _____ Applicant's Phone (____) _____
Federal License (If any) _____ No. _____ Expiration Date _____
Federal ID _____ Utah Corporation, LP or LLC No. _____
State Tax: Withholding No. _____ Sales & Use Tax No. _____
State License (If any) _____ No. _____ Expiration Date _____
Has the City of Elk Ridge ever licensed the applicant, business, or owners(s)? _____ If yes, when? _____
If yes, under what business name(s)? _____
List all other municipalities that the applicant has engaged in business in the last six months: _____

Have the applicant or employers been convicted of any crime, misdemeanor or violation of any municipal ordinance? _____ If yes, what was the nature of the offense, and any penalty assessed thereof? _____

SECTION II: Nature of Business

Please describe in detail the nature of your business to be conducted within the City Limits:

If foodstuffs are to be sold you must provide a statement by a reputable physician of the state, dated not more than 10 days prior to submission of the application, certifying the applicant to free of infectious, contagious or communicable diseases.

Dates of intended business: _____

Locations within Elk Ridge Business is to be Conducted:

SECTION III: Identification

(Please affix copy of Drivers License with Photo)

SECTION IV: Verification of Accuracy – Acknowledgement of Responsibility

Under penalty of perjury, I hereby certify that the information provided for this application is complete and accurate. I hereby acknowledge that illegal or fraudulent business practices are grounds for revocation of this business license. I also acknowledge that I agree to wear the provided identification tag while engaging in business within the City limits of Elk Ridge. This license is good ONLY for the dates authorized by this application.

Signature of Authorized Business Agent/Owner

Approval of City Recorder

Date

Date