Naples City

People Serving People

BUSINESS LICENSE APPLICATION

1420 East 2850 South
Naples, UT 84078
p. 435.789.9090 f.435.789.9458

Organization Type: ☐ Sole Proprietor ☐Partnership LLC ☐ Corporation ☐ Business Status: ☐ New ☐Location Change ☐ Name Change ☐Ownership Change Nature of Business: ☐ Contractor ☐ Services ☐ Oilfield ☐ Retail/Wholesale ☐ Home Occupation ☐ Other: _____	Is Business Name Registered with the State ☐Yes ☐ No Federal Tax ID#/SS# _____ Utah Sales Tax # _____ State License # & Type (if applicable) _____
Business Name:	DBA:
Business Address:	City: / Zip
Business Telephone: / After Hours Emergency Contact:	Phone:
Mailing Address: (If Different)	City, State and Zip
Description of Business Activities:	# of employees
Owners Name: / Home Address:	Home Phone:
Owners Driver License #/Work ID # / Owners Date of Birth	US Citizen ☐ Yes ☐ No
Managers Name: (If Applicable) / Managers Home Address:	Phone:

Fee Amount	
Base Fee _____	$_____
Employees _____x $3.00	_____
Class A Beer License	_____
Class B	_____
Class C	_____
Total Fees	$_____

**********OFFICIAL USE ONLY**********

Approved by Building/Fire _____ Date _____

Approved by Council _____ Date_____

B/L # _____ Date Paid _____ Amt Received _____

Receipt # _____ Received By _____ Date _____

The foregoing information is correct to the best of my knowledge. I am aware that this applications does not constitute approve to operate a business until approved by Naples City and a license has been issued. I hereby agree to conduct said business strictly in accordance with the law and ordinances covering such businesses, and that no other type of business will be conducted other than what has been stated above, and swear under penalty of law that the information contained herein is true.

_____
Signature of Owner/Applicant Date

_____
Please Print Name Title

If applicable please provide a "**Site Specific Plan**" and emergency contact information.

Amended December 16, 2015