

# BUSINESS LICENSE APPLICATION



**CITY OF NAPLES**  
**BUSINESS LICENSE APPLICATION**  
 1420 East 2850 South  
 Naples, UT 84078  
 p. 435.789.9090 f.435.789.9458

Organization Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Business Status: <input type="checkbox"/> New <input type="checkbox"/> Location Change <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change Nature of Business: <input type="checkbox"/> Contractor <input type="checkbox"/> Services <input type="checkbox"/> Oilfield <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Home Occupation <input type="checkbox"/> Other: _____		Is Business Name Registered with the State <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
Managers Name: (If Applicable)	Managers Home Address:	Phone:	
Fee Amount  Base Fee _____ \$ _____ Employees _____ x \$3.00 _____ Initial Inspection Fee _____ Beer License/Class _____ Other _____ Total Fees \$ _____	<b>*****OFFICIAL USE ONLY*****</b>  Approved by Building/Fire _____ Date _____ Approved by Council _____ Date _____ B/L # _____ Date Paid _____ Amt Received _____ Receipt # _____ Received By _____ Check # _____		

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.