



1375 S DANIELS RD, SUITE #8  
HEBER CITY, UTAH 84032  
BUS: (435)654-5062  
WWW.DANIELUTAH.ORG

## APPLICATION FOR BUSINESS LICENSE

Name of Business: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if applicable): \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

COMPLETE THE FOLOWING INFORMATION:

Home Occupation: Yes ( ) No ( )      New Owner: Yes ( ) No ( )

New Business: Yes ( ) No ( )      Renewal: Yes ( ) No ( )

State License #: \_\_\_\_\_

**I/We are familiar with the Ordinances under which this license is applied for and hereby agree to conduct said business strictly in accordance with the laws and Ordinances covering such business. This application is subject to approval of the Town Council of the Town of Daniel. (3-1-5 Daniel Code & Title 8).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If the license is not paid thirty (30) days after the due date, or if the license is not obtained prior to opening the business, a penalty of 30% will be added to delinquency. All licenses expire annually of the following year.***

Make all checks payable to "The Town of Daniel". Return all copies. Your copy will be mailed with your Business License.

\*\*\*\*\* OFFICE USE ONLY\*\*\*\*\*

Approved by/Date: \_\_\_\_\_

Planning: \_\_\_\_\_ Date: \_\_\_\_\_

Fore going application is ( ) APPROVED / ( ) DENIED:

Denial reason: \_\_\_\_\_

Mayor: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_ License fee: \_\_\_\_\_ Penalty: \_\_\_\_\_

Check #: \_\_\_\_\_ Sent to County: \_\_\_\_\_ By: \_\_\_\_\_

IF APPLICABLE: \*(may be subject to inspection fees)

Fire Inspection: \_\_\_\_\_ Date: \_\_\_\_\_

Health Dept Insp: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_