

City of Monticello  
**APPLICATION FOR BUSINESS LICENSE**

**BUSINESS CONTACT INFORMATION**

Name of Applicant:	<b>Date business commenced:</b>	
Business Name:	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Utah and/or Federal License No:
Phone   Fax:		
E-mail:		
Registered Business Address		
City, State ZIP Code:		
Business Physical Location:		
Type of Business/Profession:		
Owner Phone:		
Owner Address, City, State Zip:		
Name & Address of Partners, Offices, and Directors:		

**TYPE OF REQUEST**

<input type="checkbox"/> New	<input type="checkbox"/> Location Change	<input type="checkbox"/> License Type Change	
<input type="checkbox"/> Renewal	<input type="checkbox"/> Name Change		

**TYPE OF LICENSE REQUESTED**

<input type="checkbox"/> Annual		License Fee	\$50
<input type="checkbox"/> Temporary (not to exceed 30 days)			\$15
		Fire Inspection Fee	\$60.00

**BUSINESS INFORMATION**

Describe all business activities to be Conducted:

---

Will the business create offensive Odors, fumes, smoke, gases, noise, or If yes how these will be controlled:

---

Other objectionable features?  
 Yes       No

Do you plan to display any type of a sign to advertise your business?  
 Yes       No  
 If yes, **please review the City's Sign Regulations and include a Sign Permit Application with this application.**

Mark the following that apply to your business:    Create increased traffic in your neighborhood?    Cause excessive noise?

## AGREEMENT

1. I the undersigned applicant, understand and agree to the following:
2. All licenses expire on the 31<sup>st</sup> day of December, annually.
3. Final approval or denial of the application rests with the Monticello City Council. Approval, if granted, shall be contingent on the applicant's receipt of a Utah State license, as applicable.
4. The City of Monticello reserves the right to deny any business license application or to revoke any license.
5. CERTIFICATION: The information I have provided regarding this application is true and correct. I agree to abide by the laws of the State of Utah and the ordinances of the municipality. I understand that any violation of the City Ordinance will result in suspension or revocation of the municipal license and notification to the State of Utah.
6. I further certify that I understand Monticello City highly recommends that the following safety devices be installed: Fire Extinguisher, Smoke Detector, and a Carbon Monoxide detector on every level of the building.
7. I the undersigned applicant, am responsible for inspection fees.

## SIGNATURES

Name and Title		Name and Title	
Date		Date	
Fire Inspection Approval	Date:		
Final Approval Recorder	Date:		

17 N 100 E, PO Box 457, Monticello UT 84535 \* Phone (435)-587-2271 \* Fax (435) 587-2272 \* email: melissa@monticelloutah.org