

# Kane County

76 N. Main - Kanab, UT 84741 (435) 644-2458

## BUSINESS LICENSE APPLICATION



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

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

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone #: (\_\_\_\_) \_\_\_\_\_ (must have)

Business Website: \_\_\_\_\_

Email Address: \_\_\_\_\_

Sales Tax # \_\_\_\_\_

DBA # \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Contractors Lic. # \_\_\_\_\_

Type of Organization:

- Self-owned
- Partnership
- Corporation
- Limited Partnership
- Home Occupation

Status of Business:

- New
- New Location
- New Owner
- Change of Use

Detail Description of Business (What it involves: Traffic, Parking, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner / Applicant Information

Owners Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone # \_\_\_\_\_

City: \_\_\_\_\_ State / Zip: \_\_\_\_\_

Last 4 of SS# \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

*For partnership or corporation, please list same information as above for all partners, principal officers, and directors on the back side.*

I (we) hereby agree to conduct business in accordance with the laws and ordinances governing such business and swear under penalty of law, the information contained herein is true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Authorized Signature

Owner / Applicant Information

Owners Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

City: \_\_\_\_\_ State / Zip: \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

*For partnership or corporation, please list same information as above for all partners, principal officers, and directors on a separate sheet and attach.*

Owner / Applicant Information

Owners Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_

City: \_\_\_\_\_ State / Zip: \_\_\_\_\_ Last 4 of SS# \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

*For partnership or corporation, please list same information as above for all partners, principal officers, and directors on a separate sheet and attach.*

**FOR OFFICE USE ONLY**

\_\_\_\_\_  
Zoning Administrator Signature Zone

Date: \_\_\_\_\_ Approved: \_\_\_ Not Approved: \_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Clerk/Auditor Signature

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*License will be valid until December 31st.*

Check Appropriate Box  
**Business License Fees**

- Regular Business \$100
- Home Occupation 25
- Temporary 25
- Late Fee 50

Total Enclosed \$ \_\_\_\_\_

Receipt # \_\_\_\_\_