

Rec'd		<b>CENTERVILLE CITY</b>	Account #	
Approved		<b>COMMERCIAL LICENSE APPLICATION</b>	Entered	
<b>BUSINESS INFORMATION</b>				
BUSINESS NAME (DBA):			BUS. PH: FAX:	
BUSINESS ADDRESS:		CITY & STATE: <b>CENTERVILLE UT</b>	ZIP CODE: <b>84014</b>	
MAILING ADDRESS:		CITY & STATE:	ZIP CODE:	
NATURE OF BUSINESS:				
DO YOU USE, STORE OR MANUFACTURE ANY CHEMICAL, COMBUSTIBLE OR HAZARDOUS MATERIALS? YES / NO				
OPENING DATE _____, BUSINESS HOURS FROM _____ TO _____, M T W TH F S SU				
STATE SALES TAX NUMBER: (Attach verification) #		EMPLOYER IDENTIFICATION # (DBA): (Attach verification) #		STATE CONTRACTORS LICENSE: (Attach verification) #
1. OWNER NAME 2. APPLICANT-MANAGER'S NAME 3. PROPERTY OWNER'S NAME		HOME ADDRESS		HOME PHONE
1.				
2.				
3.				
DATE OF BIRTH		SOCIAL SECURITY NUMBER		
1.				
2.				
3. N/A		N/A		N/A
BUSINESS TYPE: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ LLC _____ OTHER _____				
BASE FEE	\$ 40.00	# EMP _____ @ \$4	\$	BOND REQ. Y / N
SERVICE FEE S, M OR L	\$	BEER LICENSE FEE CLASS (A, B OR C)	\$	<b>TOTAL DUE:</b> \$

This application is subject to approval by Planning & Zoning, Building and Safety and/or Davis County Health Department. All businesses must pass inspections of South Davis Fire District and some businesses may require a police background check to be completed before a license is issued. The actual license will be issued only when this application is completed, submitted with payment and meets all ADA and all other pertinent requirements (state, local and federal). **It is a class B misdemeanor to own or operate a business in Centerville City without a business license.**

*I do hereby agree to the conditions of this application. I also agree to conduct said business strictly in accordance with the laws and Centerville City Ordinances governing operation of such business and swear under penalty of the law the information contained herein is true.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Title \_\_\_\_\_

**Office Use Only:**

Building Inspections	Y / N	Cleared _____	Date _____
SD Fire Department	Y / N	Cleared _____	Date _____
Planning Department	Y / N	Cleared _____	Date _____
Health Department	Y / N	Cleared _____	Date _____
Police Department	Y / N	Cleared _____	Date _____