



Sanpete County
P.O. Box 100
160 N. Main Street
Manti, Utah 84642



Phone: 835-2131

Application for Business License Privileges in Sanpete County, Utah

(Excluding Incorporated Cities and Towns)

Check Type of License(s) Applying For:

- Renewal Business License**
- New Business License**
- Retailing of Light Draft Beer License**
- Bottled Beer License**

(Business Licenses Fees are NOT Prorated for Less than 12 Months)

Name of Owner _____ DOB _____ Last 4 of SS# _____

Owner's Physical Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Home Telephone # _____ Business Telephone # _____

Legal Name of Business _____

Business Physical Address _____ City _____ Zip _____

Business Mailing Address _____ City _____ Zip _____

State Tax # (if available) _____ Contractors Lic. # _____

Business Website _____ Email Address _____

Nature and Type of Business _____

Owners, Partners, Officers, and Directors (Excluding Shareholders) List Name, Address, DOB, Last 4 of SS# and Telephone Number: _____

(If more space is needed please attach additional sheets of paper)

I hereby make an application for LICENSE PRIVILEGES in Sanpete County, Utah for the above mentioned business.

All License Privilege Applications to Sanpete County require approval of the Sanpete County Zoning Administrator and Public Health Administrator. A license may be granted by the Sanpete County Clerk following pending receipt of all required information and final approvals.

NOTICE: You only engage in the business for which the license is issued, you must comply with all County Health and Safety Codes, including those relating to Zoning, Building, Health and Fire Safety. If now or in the future, you do not comply with these codes, this license does not authorize you to engage in business. License fees are due and payable upon submission of License Application.

AFFIDAVIT

I _____ being duly sworn, depose and state I am the applicant above named and that the statements contained in this application are true and correct.

Applicant's Signature _____

Subscribed and Sworn to before me this _____ day of _____ 20 _____.

Notary Public
Residing in _____
My Commission Expires _____

FOR OFFICE USE ONLY

Zoning Administrator Signature
Date _____

Zone _____
Approved _____ Not Approved _____

Comments _____

Public Health Administrator
Date _____

Approved _____ Not Approved _____

Comments _____

Yearly License Fee \$ _____