

Davis County Business License Application

Please make Check payable to:
Davis County Planning Department
Davis County Administration Bldg. Room# 304
P. O. Box 618
Farmington, UT 84025
Attn: Tazia Venstra

For Office Use Receipt # _____ File # _____ Parcel ID # _____ Zoning: _____ License Fee _____

Date: _____

Applicant's Name: _____

Address: _____

Phone: _____

E-Mail: _____

Business Name: _____

Business Address: _____

Business Phone: _____

Type of Business: _____

Sales Tax #: _____

Please Answer the following questions pertinent to your Business:

1. Do you sell beer? _____ If yes, beer license is mandatory.
2. List number of vehicles. _____
3. Health Department approval required for all licenses that handle food or drink.
(Also, please submit plan of building.)
4. List number of employees. Full Time _____ Part Time _____
5. If you are selling Product as a part of your business, it is necessary to include your Sales Tax Number on this application. This is a State law. _____
6. This business personal property trade fixtures value is \$10,000 or less. Y___N___

I hereby apply for a license to conduct the aforesaid business in the unincorporated area of Davis County, Utah for the year 20____, under the provisions of the ordinances of Davis county relating to licenses. I hereby agree to conduct said business strictly under the conditions and regulations prescribed for the granting of said license. I agree that if the license is issued, it shall be subject to revocation as provided by law.

This Application Form Must Be Notarized

Signature of Applicant

Print Name

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

This is to certify that the Davis County Health Department has investigated the premises of the business proposed to be licensed according to the foregoing application. Such investigation reveals that said premises (do) (do not) recommend the issuance of this license.

Davis County Health Department