



60 West Main Street
Hyrum, Utah 84319
435-245-6033
www.hyrumcity.com

BUSINESS LICENSE APPLICATION

Business Name: _____

Doing Business As: _____

Business Address: _____

Business Phone: _____

E-mail: _____ Fax No. _____

Mailing Address: _____

City, State, Zip: _____

State Tax ID: _____ State Lic.# _____

Nature of Business: _____

Owner Name: _____

Manager Name: _____ Manager Phone: _____

Manager Address: _____

I certify that I am authorized agent for the above named business, and that all information is true and correct.

Signature

Date

Office Use Only

Approved by: _____ Date Approved: _____ Acct.# _____

Date Paid: _____ Amount: _____ Receipt #: _____