



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

LANDLORD BUSINESS LICENSE APPLICATION

Landlords Name: _____

Address, City, State, Zip: _____

Phone No. _____ Cell No. _____

E-mail: _____

Drivers Lic. No. _____ State _____

Joint Landlord: _____

Mailing Address: _____

City, State, Zip: _____

State Tax ID: _____

Phone No. _____ Cell No. _____

Rental Property Address or Addresses: 1. _____

2. _____ 3. _____

(If there are more addresses than three, please list them on the back of the form)

Person to contact in Emergency Name: _____

Phone No. _____ Cell No. _____

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

Signature: _____ Date _____

Office Use Only

Approved by: _____ Date Approved _____

Date Paid: _____ Amount _____ Receipt No. _____