Wallsburg Town

Mayor: Celeni Richins Council: Scott Larsen Terri Eisel Mary Piscitelli Troy Thompson

Wallsburg Town Business License Application and Renewal

Dear Wallsburg Town Resident,

It's that time of year again! If you own or operate a business in Wallsburg Town limits, please fill out the business license application on the back of this letter and return to the Wallsburg Town Clerk at your earliest convenience.

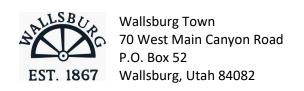
All business licenses are effective January 1st and expire December 31st of each year. Businesses shall be operated in compliance with the Wallsburg Town General Plan. Business licenses may be revoked or denied upon failure of the owner to maintain the business in accordance to requirements set forth by the Wallsburg Town General Plan.

If you have an existing business license with Wallsburg Town from a previous year, the most recent copy of your application (and information on file) is included on the back of this letter. Please review and update any information that has changed (mailing address, phone or email changes, license expiration dates, etc) and return to the Wallsburg Town Clerk at your earliest Convenience.

Upon receipt of a completed and signed application and associated payment, your business license will be processed and mailed to you at the address provided.

I do not have a current business license and have filled out the blank application		
☐ I have a current business license, have rehave any changes or updates to make	viewed my information on file, and do not	
☐ I have a current business license, have refollowing changes or updates to make:	viewed my information on file, and have the	
Applicant Signature:	Date:	
Received By:	Date:	
Sincerely,	Wallsburg Town Clerk Contact Information	
Wallsburg Town Mayor and Council	Email: WallsburgTownClerk@gmail.com Mail: Wallsburg Town PO Box 52	

Wallsburg, Utah 84082



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Business License #:		
Date Of Application :		
Fee Paid:	Date Paid:	

Application For Wallsburg Town Business License

Business Name:		Phone Number:
Business Address:		City, State, Zip:
Business Mailing Address:		City, State, Zip:
Email Address:		Fax Number:
Type Of Business:		
☐ Small Business (less than 5 employees)	\$50 Per year	
Commercial Business (Off Site Location, Wareh	\$100 Per Year nouse, Workshop, Store Front, etc)	
Description Of Business:		
Number Of Employees:		
Business Owner:		Phone Number:
Owner Address:		City, State, Zip:
Business Hours:	am/pm to a	nm/pm Days Of Week:
Business EIN or SSN Number:	·	
State Sales Tax Number:		(If Applicable)
Utah State License Number: _		(Licensed Applicants Only)
Type Of License:	Expiration Date:	
New applications and renewall fees are not paid within 30 All businesses shall be operated upon approval of a business Business licenses may be reverequirements set forth by the	oked or denied upon failure of the ow e Wallsburg Town General Plan. business owner to notify Wallsburg To	rior to December 31 st . y.
Applicant Signature:		Date:
Received By:		Date:
Notes/Conditions Of Approva	al:	