



Wallsburg Town
 70 West Main Canyon Road
 P.O. Box 52
 Wallsburg, Utah 84082

Clerk Use Only:
 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 \$50 Per year
 (less than 5 employees)
- Commercial Business \$100 Per Year
 (Off Site Location, Warehouse, Workshop, Store Front, etc)

Description Of Business: _____

Number Of Employees: _____

Business Owner: _____ Phone Number: _____

Owner Address: _____ City, State, Zip: _____

Business Hours: _____ am/pm to _____ am/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: _____

All business licenses are effective January 1st and expire December 31st of each year.
 New applications and renewal fees should be processed and paid prior to December 31st.
 If fees are not paid within 30 days of invoice, business must reapply.

All businesses shall be operated in compliance with the Wallsburg Town General Plan.
 Upon approval of a business application, a license will be issued once payment of fees has been processed.
 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.

It is the responsibility of the business owner to notify Wallsburg Town if they have an address or other contact information change and/or close their business.

Applicant Signature: _____ Date: _____

Received By: _____ Date: _____

Notes/Conditions Of Approval: _____
