



# MILFORD CITY RENEWAL BUSINESS LICENSE APPLICATION FORM NUMBER 72

## BUSINESS INFORMATION-SECTION A

Name of Business:					Date of Application:	
Business Location:					Business Phone:	
Mailing Address:			State			ZIP
Primary Contact:		Phone:		E-mail Address		
Description of Business:						
Business Type (check one):	Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Limited Liability Company <input type="checkbox"/>		
Federal Tax ID (FEIN) # (REQUIRED)			Have you Registered your Business Name with the Utah State Department of Commerce		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Sales Tax # (If Applicable)			Does your Business sell alcohol: (if yes, attach a copy of your license)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Occupational # (If Applicable)			Does your Business sell tobacco products: (if yes, attach a copy of your license)		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Health Dept Permit: (If Applicable)						

## OWNER INFORMATION-SECTION B

Name:			Title:			
Home Address:			City, State, Zip			
Social Security #			Date of Birth:		Phone Number:	
Name:			Title:			
Home Address:			City, State, Zip			
Social Security #			Date of Birth		Phone Number:	

I understand that falsifying any information on this application constitutes sufficient cause for rejection of my application or revocation of my license. I also understand that the City License Assessor and Collector may require additional information as permitted by the City Business Ordinance, I agree to supply the same upon request as part of this application. I understand this license will expire on December 31<sup>st</sup> and it is my responsibility to renew this license annually.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date