

**BUSINESS LICENSE APPLICATION  
TOWN OF HANKSVILLE**

**BUSINESS INFORMATION**

Business Status (check all that apply):  New Business  Location Change  Name Change  Ownership Change  
 State Registration.....:  Corporation  Partnership  Limited Liability  Sole-Proprietor

Name in which the business license will be issued	Federal Identification number (FIN)
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Daytime Telephone Number ( )	Evening Telephone Number ( )	Fax Number ( )	E-mail address
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Website Address	Cell phone number ( )
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Street Address of business	City, State Hanksville, UT	Zip 84734-
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Mailing Address	City, State	Zip
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Type of Business:  Commercial  
 Home Occupation – Will people be coming to your home to transact business?  Yes  No

Kind of Business (if applicable):  Nonprofit  
 Temporary (60 days or less)  
 Transient (a mobile business for 60 days or less such as an ice cream truck)

Nature of Business :  Manufacturing  Retail  Day Care/ preschool – Number of Children \_\_\_\_\_  
 Wholesale  Services  Other \_\_\_\_\_

Briefly Describe Your Business: \_\_\_\_\_  
 \_\_\_\_\_

Does your business sell products?  Yes  No If yes, what is your state sales tax number? \_\_\_\_\_

Number of Employees at location: \_\_\_\_\_ (if you are the owner, DO NOT count yourself.)

**If Applicant is a Sole-Proprietor, Please complete this section.**

Owner Name \_\_\_\_\_  
 Owner Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Ethnicity / Race \_\_\_\_\_

**If Applicant is a Corporation/Partnership/Limited Liability, Please complete this Section**

Corporate name \_\_\_\_\_  
 Corporate officers/partners/members \_\_\_\_\_  
 Registered Agent, Address, Phone: \_\_\_\_\_  
 \_\_\_\_\_  
 Corporate Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
 Federal Tax Id# (EIN) \_\_\_\_\_

**Applicants Agreement**

I, the undersigned, understand and agree to comply with all Regulations, Ordinances, and Resolutions of the Town Of Hanksville.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print your Name \_\_\_\_\_

Date License Approved \_\_\_\_\_