

OAKLEY CITY
960 w Center Street
Oakley, Utah 84055
(435) 783-5734 Mail: PO Box 129
tristin@oakleycity.com
oakley@oakleycity.com



BUSINESS LICENSE APPLICATION

Please fill out the following form and pay \$50.00 for application (renewal and new.)
Your application will not be processed until fee has been paid.
Make checks payable to Oakley City or pay with cash or with credit card in our office.

Section I: Business Information

Is this application: ☐ New Application ☐ Renewal ☐ Change of ownership or location
Name of Applicant: _____ Date: _____
Is this name registered with the
Business Name: _____ State of Utah: ☐ Yes ☐ No
Type of Business (be specific): _____
Physical Address: _____ Phone No.: () _____
Mailing Address: _____ Business Start Date: _____
Email Address: _____
(If email is provided, future correspondence regarding renewals & invoicing will be handled electronically)
Applicant's Address (if different): _____ Phone No.: () _____
Manager's Name (if applicable): _____ Phone No.: () _____
Federal License (if any): _____ Expires: _____
Federal ID: ☐ SSN or ☐ EIN _____ Utah Corp. LP or LLC #: _____
Sales & Use Tax No. (if not applicable, please sign here) _____
DBA File No.: _____
Professional License/State Contractors Number (if applicable): _____

Section II: Check all the apply

☐ Approximate number of employees _____
☐ Commercial ☐ Home Occupation ☐ Sole Proprietorship
☐ General Partnership ☐ Limited Partnership ☐ Limited Liability Co.
☐ Profit Corporation ☐ Non-Profit Corporation ☐ Sexually Oriented Business or Employee

Section III: Describe Business

Where will your equipment, tools, supplies to conduct your business be stored?

If storage is located at home what will be stored and where?

Section IV: Verification of Accuracy – Acknowledgment of Responsibility

Under Penalty of perjury, I hereby certify that the information provided for this entire application is complete, accurate and in accordance with Oakley City Ordinances. I further certify that updated information will be provided in writing, as required, to Oakley City within ten (10) days of any change to the business, name, organization, or location. I hereby acknowledge that illegal or fraudulent business practices are grounds for revocation of the business license, as is delinquent payment of the business license fee. This form is an application for a business license. The receipt for payment of license fees thereof does not constitute being approved to operate a business. The actual license will be issued only when approval is given. It is the responsibility of the licensee to be familiar with the ordinance(s) under which the license is applied for. All business licenses are to be renewed yearly. The application and fees provided herein shall be due and payable by the 31st of January of each year, or before commencing a new business, trade, service, or profession. All license fees not paid by that due date shall be considered delinquent and assessed a \$25.00 late penalty. Failure to renew by the last day of February of each year shall result in revocation of the business license. Responsibility of renewal is that of the licensee. Failure to receive a renewal notice does not excuse this responsibility.

Signature of Authorized Business Owner/Agent

Date

For office use only:

Property Zone: _____ Property zoned appropriately: ☐ Yes ☐ No

Conditional Use Permit Required: ☐ Yes ☐ No If yes, give date approved by:

City Planner _____

City Recorder _____

Inspection required: ☐ Yes ☐ No If yes, date inspected _____

Health Department Inspection required: Yes No If yes, date inspected _____

Approval of Business License Administrator:

Date: _____

License Fee: _____ Date Paid: _____ Rec'd by: _____ Receipt #: _____