

**Wasatch County**  
**APPLICATION FOR BUSINESS LICENSE**  
 Clerk's Office  
 25 North Main St. Heber City, UT 84032

Name of Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Business \_\_\_\_\_ Telephone \_\_\_\_\_

Address of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

I/We hereby apply to conduct the business of (Business Nature) \_\_\_\_\_  
 for the period of one year from the date of approval and under the provisions of the Ordinances of Wasatch  
 County relating to business license.

**COMPLETE THE FOLLOWING INFORMATION**

Home Occupation Yes ( ) No ( )    New Business Yes ( ) No ( )    New Building Yes ( ) No ( )  
 New Location Yes ( ) No ( )    New Owner Yes ( ) No ( )

I/We are familiar with the Ordinances under which this license is applied for and hereby agree to conduct said  
 business strictly in accordance with the Laws and Ordinances covering such business. This application is subject  
 to approval of the Board of Commissioners of Wasatch County, Utah.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**If the License fee is not paid thirty (30) days after the due date, or if the license is not obtained prior to  
 opening of the business, a penalty of 25% will be added for delinquency.**

MAKE ALL CHECKS PAYABLE TO WASATCH COUNTY. PLEASE RETURN ALL COPIES TO THE CLERK'S OFFICE, YOUR COPY WILL  
 BE MAILED WITH YOUR BUSINESS LICENSE.

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*

Approved By \_\_\_\_\_

\_\_\_\_\_  
 Building                      Date

\_\_\_\_\_  
 Zoning                      Date

\_\_\_\_\_  
 Board of Health                      Date

\_\_\_\_\_  
 Sheriff                      Date

**ACTION BY COUNTY MANAGER:**

The foregoing application is denied / approved by the Board of Commission of Wasatch County, Utah this  
 \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

By \_\_\_\_\_  
 Wasatch County Clerk/Auditor

By \_\_\_\_\_  
 County Manager

License # \_\_\_\_\_

License Fee \_\_\_\_\_

Fire Inspection Fee \_\_\_\_\_

Beer License Fee \_\_\_\_\_

Penalty Fee \_\_\_\_\_

Other Fees \_\_\_\_\_

Tobacco Sales # \_\_\_\_\_

Total Fees \_\_\_\_\_

Check # \_\_\_\_\_

Permit # \_\_\_\_\_

State License # \_\_\_\_\_