



APPLICATION FOR BUSINESS LICENSE
HUNTSVILLE TOWN
PO BOX 267, Huntsville, UT 84317

Submitted: _____

Owner Name: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Business Name: _____ DBA: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone Number: _____

Manager Name: _____ Contact Phone: _____

**If Business is Commercial or Manufacturing/Warehousing, please list square footage: _____

State Sales Tax I.D. # _____ State License # _____

Number of Employees: _____ If Daycare or Preschool, # of own children: _____;

Number of other children: _____

Describe your type of business in detail:

Businesses that require Health Department inspection and permit: Any business that is selling food, Day Care, Nursing and Assisted Living.

Health Department Permit # _____ or check if not applicable _____