

MOBILE FOOD TRUCK APPLICATION FOR BUSINESS LICENSE

COMMUNITY DEVELOPMENT
 5051 South 1900 West
 Roy, Utah 84067
 (801) 774-1040



Business Name Registration # _____
 State Sales Tax # _____
 State Withholding Tax # _____
 Federal Tax (EIN) # _____
 Driver License # & State _____

Name of Business _____
 Business Address _____
 Business Phone _____
 E-Mail Address _____
 Business Owner _____
 Phone _____
 Business Manager _____
 Phone _____

Make Check payable to: ROY CITY

<u>LICENSE FEES</u>	
NEW LICENSE	\$ _____
EXISTING OTHER CITY LICENSE	\$ _____
FIRE INSPECTION	\$ _____
TOTAL AMOUNT DUE	\$ _____

List two names & phone numbers of contact people for the business, if necessary, or know how to contact the business owner.

1 _____ Phone _____
 2 _____ Phone _____

TYPE OF ORGANIZATION:

- Corporation
 Limited Liability Co.
 S-Corporation
 Sole Proprietor
 Partnership
 Other _____

DESCRIPTION OF BUSINESS:

How many trucks will be working in Roy City? _____ Food Truck License Plate # _____

List the location(s) you will be doing business at: _____

Do you have a current Business License with another City? YES (Please attach copy) NO
 Beginning date of license with other City: _____ Ending date of License with other City: _____

Do you have a current Utah Fire Safety Inspection? YES (Please attach copy) NO

Do you have a current Weber County Health Department food truck permit? YES (Attach copy) NO

This form is an application for a business license; the actual license will be issued only when all inspections are received and approved. All information must be accurately completed or the issuance of license will be delayed. Issuance of this business license shall in no way relieve the applicant of his/her responsibility of complying with applicable zoning, health, building, or fire regulations. This license will expire December 31st of the year of issue on date listed on license.

I, We _____ hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and understand that it is unlawful to make any false statement, declaration or report as required in this application.

Date _____ Signed By _____
 Applicant / Agent

FOR INTERNAL USE ONLY

Department Review: Zoning: _____ Fire: _____ Health: _____ Police: _____

This foregoing application is Approved Date: _____
 Denied Reason for Denial _____

Receipt# _____

Date _____

 LICENSE OFFICER

 License#