



Ogden City Business License Application

2549 Washington Blvd. Suite 240

Ogden, UT 84401

801-629-8687

- ☐ Business License # _____
☐ State Sales Tax # _____
☐ State License # _____

New Business New Owner New Location New DBA Name

DBA Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Alternate # _____

E-Mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Name of property owner _____

APN _____ - _____

Mailing Address _____ City _____ State _____ Zip _____

Type of organization: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC ☐ LLP ☐ Non-Profit

Name of owner if sole proprietor _____ Birthdate _____

Name of LLC, LLP or Corporation _____

Name of registered Agent for LLC, LLP or Corporation _____

Registered Agent Mailing Address _____ City _____ State _____ Zip _____

This 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 the 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

Detailed description of business _____

Number of employees in this business _____ Opening date at this location _____

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 _____

Official Use Only: Zone _____ Census Track _____ Traffic _____ Planning Community _____

Planning ☐ Approved ☐ Not approved By: _____ Date: _____

Department ☐ Approved ☐ Not approved By: _____ Date: _____

License Officer ☐ Approved ☐ Not approved By: _____ Date: _____

Business License Building Fire Health Dept. Agriculture



Emergency Notification

The information below is required as part of your Ogden City business license application processing. This information is provided to the Police and Fire Departments, for use in case of an **EMERGENCY** such as fire or burglary.

Business Name: _____ Business Phone: _____

Business Address: _____ City Ogden State UT Zip _____

Owner's Name: _____ Residence Phone: _____

Residential Address: _____ City _____ State _____ Zip _____

Manager's Name: _____ Residence Phone: _____

Residential Address: _____ City _____ State _____ Zip _____

Whom to Call in Case of Emergency (In order of priority, not including owner & manager)

1st Person to Contact: _____ Residence Phone: _____

Address: _____ City _____ State _____ Zip _____

2nd Person to Contact: _____ Residence Phone: _____

Address: _____ City _____ State _____ Zip _____

3rd Person to Contact: _____ Residence Phone: _____

Address: _____ City _____ State _____ Zip _____