



SPECIAL EVENT

Ogden City Business License Application _____
2549 Washington Blvd. Suite 240, Ogden, UT 84401
Phone: 801-629-8687

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

Event Name _____

Event Location/Address _____

Event Date(s) _____

Event Time(s) _____ to _____

Retail Vendors: ☐ Yes ☐ No Food Vendors: ☐ Yes ☐ No

Catered Food: ☐ Yes ☐ No Caterer: _____

Description of event _____

DBA / Organization Name _____

Name of applicant _____

Type of organization: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ LLC ☐ Incorporated Association ☐ Church

☐ Non-Profit Organization ☐ Political Organization ☐ Governmental Entity ☐ Other _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ Contact Name _____

E-Mail Address _____

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.

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 Police Fire Health Dept.