



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	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	By: _____	Date: _____		
Department	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	By: _____	Date: _____		
License Officer	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved	By: _____	Date: _____		
Business License	Building	Police	Fire	Health Dept.	