

West Point City
3200 W 300 N
West Point, UT 84015



www.westpointcity.org
Phone: 801-776-0970
Fax: 801-525-9150

TRANSIENT MERCHANT BUSINESS LICENSE APPLICATION

APPLICATION DATE: _____ APPLICANT PHONE #: _____

LEGAL BUSINESS NAME: _____

ADDRESS OF BUSINESS: _____ FEDERAL ID#: _____

CITY: _____ STATE: _____ ZIP: _____ STATE SALES TAX #: _____

EMAIL ADDRESS: _____

BUSINESS OWNER NAME: _____

LOCAL MANAGER: _____

BUSINESS OWNER ADDRESS: _____
(IF DIFFERENT THAN BUSINESS) CITY: _____ STATE: _____ ZIP: _____

BUSINESS/ORGANIZATION TYPE:

PROPRIETORSHIP PARTNERSHIP CORPORATION LIMITED LIABILITY CORP.

DETAILED DESCRIPTION OF BUSINESS:

(USE SEPARATE SHEET IF NEEDED)

I/WE _____ HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND FURTHER AGREE TO RELEASE INFORMATION REGARDING THIS APPLICATION IF DEEMED NECESSARY BY WEST POINT CITY. I/WE FURTHER AGREE TO CONDUCT BUSINESS STRICTLY IN ACCORDANCE WITH THE LAWS COVERING FIREWORK SALES AND USES CONTAINED IN THE WEST POINT CITY CODE, TITLE 5, CHAPTER 20. I/WE FURTHER UNDERSTAND THAT ANY DEVIATION FROM THESE STANDARDS SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE PRIVILEGE.

DATE: _____ SIGNATURE: _____

FOR OFFICE USE ONLY

Business License Fee - \$85

Date Paid: _____ By: _____ How Paid: _____

Notes:

APPROVAL

Date: _____ CODE ENFORCEMENT OFFICER: _____
Date: _____ COMMUNITY DEVELOPMENT DIRECTOR: _____