

# Mendon City Corporation

## Business License Application/Renewal Form 2018/2019

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### **Business Information:**

Business Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_, Mendon, UT 84325  
Business Phone: \_\_\_\_\_ Website: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### **Owner Information:**

Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Applicant Information:** (if different from owner)

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Business:**    Commercial:     Home Occupation:     No Longer in Operation:

Briefly describe your business: \_\_\_\_\_  
\_\_\_\_\_

### **Please answer the following questions for a new/renewal business:**

- Y N Will the business operate from within the living portion of the home?  
Y N If yes, will the business use more than 25% of the living portion of the home?  
Y N Will the business operate from a separate building on the property?  
Please list types of materials stored within the structure:  
\_\_\_\_\_  
\_\_\_\_\_

- Y N Will the business involve more than one commercial vehicle?  
Y N Will the business involve any type of commercial deliveries?  
If yes, about how many per week? \_\_\_\_\_  
Y N Will the business have more than one on-site employee not related to the owner of the home?  
Y N Will the business sell products or services on site that are not produced on the premises?  
Y N Do you currently have a business license? If yes, what is the number? \_\_\_\_\_

**Please return this form even if you are no longer in business to Mendon City, P.O. Box 70, Mendon, Utah 84325. All renewal applications must be returned before June 30, 2018. If received after this date, there will be a late fee of \$25.**

### **New Application:**

I certify that this information is correct to the best of my knowledge.

\_\_\_\_\_  
*Business Owner Signature, Date*

### **Renewal Application:**

I certify that this information is correct and that there have been no changes to my business operation within the previous year which would cause that my business be reclassified.

\_\_\_\_\_  
*Business Owner Signature, Date*

For office use only

Amount Paid	Date	Business License #