

**EUREKA CITY
APPLICATION FOR BUSINESS LICENSE RENEWAL**

Name of Person Applying (print): _____

Business Name as stated on the State of Utah Certificate of Registration:

Utah State Business Entity number: _____

Utah State Sales Tax Identification number: _____

Food Handlers Permits: _____

(Copies of any State Renewals with or without changes must be provided.)

Type of Business, calling, trade or profession (short explanation of your intended business):

Expiration Date of Previous License: _____

Class of License (if applicable): _____

Physical address of business location: _____

Mailing address of business (if different from above): _____

I affirm that the information provided above is true and correct to the best of my knowledge:

Applicant Signature: _____ Date: _____

Eureka City Recorder Signature: _____ Date: _____

Approved: Yes _____ No: _____ (Recorder mark one of these)

Eureka City Mayor Signature: _____ Date: _____