GARFIELD COUNTY
EST. 1882

55 South Main Street • PO Box 77 • Panguitch, Utah 84759
Phone: (435) 676-8826 • Fax: (435) 676-8239

GARFIELD COUNTY BUSINESS LICENSE APPLICATION PROCESS

1. Completely fill out the application and attach your fee.
   Return to: **Garfield County Clerk's Office**
   Po Box 77
   Panguitch, Utah 84759

2. Upon receipt of your application, it will be verified for proper zoning. If there is a zoning problem, it will be submitted to the Garfield County Planning & Zoning Committee. The Committee meets the 2nd Thursday of each month. You will be contacted if a zoning variance or conditional use permit is required.

3. Upon Planning & Zoning approval, the application will be placed on the Commission agenda. The Commission meets on the 2nd and 4th Monday of each month.

4. Upon Commission approval, your check will be deposited and your license will be issued and mailed to you. If you prefer, you may pick up the license at the Clerk's office.

5. If your application is denied, you will receive an explanatory letter with your check.

County Commissioners
Leland F. Pollock
Jerry A. Taylor
David B. Tebbs

Camille A. Moore, *Auditor/Clerk*
A. Les Barker, *Recorder/Surveyor*
Joseph Thompson, *Assessor*
Gina Peterson, *Treasurer*

Gary D. Owens, *Justice Court Judge*
Barry L. Huntington, *Attorney*
James D. Perkins, *Sheriff*

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APPLICATION FOR BUSINESS LICENSE GARFIELD COUNTY, STATE OF UTAH

The undersigned hereby makes application to the Garfield County Clerk, State of Utah, for a license to conduct the following described business in Garfield County, Utah for the year commencing on the _____day of_____, 20___.

The license fees, as provided by Ordinance No. 1979-3 are as follows: (circle applicable fee) (Attach check to application).

A. Forty dollars ($40.00) for one year.

Licenses are valid January 1 thru December 31 of each calendar year.

APPLICANTS INFORMATION:

Applicants name in full: _____

_____

Applicants address: (Street and mailing):

Street: _____

Mailing: _____

Applicants Telephone: _____

References: 3 – Personal Reference or past employers. List name, address and telephone.

_____

_____

_____

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Gary D. Owens, *Justice Court Judge*
Barry L. Huntington, *Attorney*
James D. Perkins, *Sheriff*

BUSINESS INFORMATION:

Description of Business:

_____

_____

Business Name: _____

Address of Business: Give a street and mailing address. (If this is a mobile business, please list the areas, towns, etc. in which you intend to do business.)

Street: _____

Mailing: _____

Telephone: _____

Business is: (Circle appropriate letter)

A. Sole proprietorship
B. Co-partnership consisting of the following named persons:_____

_____

C. Corporation, now organized under the laws of the state of _____.
Principal office and place of business located at

_____.

STATE TAX ID #: _____

STATE LICENSE #: _____

TYPE: _____

If prior business licenses have been issued to you within the last five years, please list the name and location of the business, include a copy of your most recent license.

BUSINESS NAME	LOCATION

Under penalties of perjury, the undersigned declares that the statements made above are true and correct, to the best of his/her knowledge.

Date: _____

_____
Signature of Applicant

_____
Signature of Applicant

If the application is made for a corporation, signature of the President of said corporation is required.

PLEASE NOTE: Failure to conduct business in accordance with all laws, whether state, county or municipal, may result in forfeiture of the business license.