



APPLICATION FOR EVENT BUSINESS LICENSE

Grantsville City
429 East Main Street
Grantsville, UT 84029

Office
use only

Event
Business
License

Name of Applicant _____

Street Address of Applicant _____

City _____ State _____ Zip _____

Phone # _____ Will you be selling tobacco or nicotine or tobacco products? _____

Legal Name of Business: _____

Point of Contact (If different from applicant): _____

EMAIL: _____

Business Mailing Address _____

City _____ State _____ Zip _____

Event Location: _____

Name of Event and Dates: _____

Sales Tax # _____

Detailed Description of Business: _____

Applicant's Agreement:

I, the undersigned, understand and agree to comply with all applicable codes and regulations of the Grantsville City. I understand that I shall not begin business without first obtaining a license, which includes conforming to City Zoning Regulations, as well as all County Health Department Permits and Safety Codes.

*** All food trucks and trailers must possess and display a current fire department inspection issued from their home city ***

I declare under the penalty of perjury that the information contained on this business license application is true and complete.

Signature of Applicant

Date _____

Fee: \$25.00