FARMINGTON CITY
TEMPORARY BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____
(Please print)

Address: _____

Telephone: _____

NATURE OF BUSINESS: _____

_____

DATES FOR LICENSE From: _____ To: _____

OWNER'S NAME: _____
(If corporation, list principal officers on separate sheet.)

Address: _____

Manager's Name: _____ Telephone: _____

PERSON to contact after hours (other than Manager) in case of fire or police emergency.

Name: _____ Telephone: _____

LICENSE FEE: $50.00

Those businesses requiring a fire inspection will be invoiced $20.00 per hour for such service at the time the inspection occurs.

The undersigned hereby certifies that the above information is true and correct and has full authority to represent to owner(s) of the business making this application.

Signed: _____ Date: _____

_____
(Please Print Name)

FOR OFFICE USE ONLY:

Date Received: _____ Receipt #: _____ License #: _____ Code: _____

Approved By: _____ Date: _____

Fire Inspection Required: _____ Yes _____ No