

Spring City Municipal Corporation

(435) 462-2244
FAX: (435) 462-2654
www.SpringCityUtah.org

45 South 100 East
PO Box 189
Spring City, Utah 84662



Temporary Business License

Applications are subject to approval by Mayor and Event Committee.

Date of Application: _____ Date of Event: _____ License Number: _____

Event: _____ Location of Sales: _____

Business Name: _____ Owners Name(s): _____

Mobile Phone: _____ Text? Y or N

E-mail Address: _____ Website: _____

Business Mailing Address: _____
Street P.O. Box City State Zip Code

Owner's Contact Information:

Home Address: _____
Street P.O. Box City State Zip Code

Do you currently have a business license in the State of Utah? YES NO

Description of Items Sold and/or Services Rendered: _____

One of the following are required:

Sales Tax I.D.: _____ Federal Tax I.D./EIN # : _____

SSN: _____ Tax exempt # _____ Utah Driver's License _____

Do you want your business address/phone number shared with other entities? YES NO

Amount Received: _____ Date: _____ Initials: _____
Temporary Business License Fees: (\$10.00 per Event) (Treasurer)

"I hereby attest that the information submitted is a correct and true reflection of the applicant(s), and the nature of the business. I agree to conduct business strictly in accordance with provisions of Spring City Ordinance, laws, and statutes governing operation of said business. I understand that this application may be subject to audit for accounting purposes."

SIGNATURE OF APPLICANT

DATE