

# APPLICATION FOR BUSINESS LICENSE

TRENTON TOWN CORPORATION  
17 EAST MAIN  
P.O. BOX 77  
TRENTON, UT 84338

Applicants Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: (435) \_\_\_\_\_ Date of Application \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone Number: (435) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Please describe below the type of business you desire to obtain and license for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Town Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This license will expire each year on Dec 31<sup>st</sup>. A yearly renewal fee will need to be paid in order for the license to remain current. In addition to this the Town Council will review all applications each year to insure compliance with any/all conditions placed upon the license prior to granting renewal.*

## Office Use Only:

Business Address Zoning Classification: \_\_\_\_\_  
Date Application Approved by Town Council: \_\_\_\_\_  
Date Business License granted: \_\_\_\_\_ License # \_\_\_\_\_