



Diana Carroll
 Grand County Clerk/Auditor
 125 East Center Street
 Moab, Utah 84532
 (435) 259-1321 (FAX) (435) 259-2959
 www.grandcountyutah.net

GRAND COUNTY BUSINESS LICENSE APPLICATION 2010

Date: _____

Grand County Business License No. _____
Date Issued: _____
Beer License No. _____ Cabaret No. _____
Amount Paid \$ _____ Check # _____
<i>Grand County Office Use Only</i>

Business Name: _____

Business Location: _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: () - Fax: () -

Owner's Name: _____

Type of Business (explain in detail): _____

Do you provide overnight accommodations such as rooms, camping or R.V. parking? Yes: _____ No: _____

Applicant Signature: _____

I declare that the statements made in this application are true and complete to the best of my knowledge and belief.

The section below is to be completed by Grand County officials

Building Inspector signature: _____

State Licensing No. (if required): _____

Conditional Use or Use on Review? Yes: _____ No: _____

Approved Zoning: _____

Zoning Administrator signature: _____

Fire Chief Signature: _____