



Diana Carroll  
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**GRAND COUNTY TEMPORARY BUSINESS LICENSE APPLICATION 2018**

**Date:** \_\_\_\_\_

Temporary Business License No. _____ Date Issued: _____ Beer License No. _____ Cabaret No. _____ Amount Paid- Cash \$ _____ Check \$ _____ <i>Grand County Office Use Only</i> Credit Card \$ _____
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**Business Name:** \_\_\_\_\_

**Business Location:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Phone Number:** ( ) - Fax: ( ) -

**Owner's Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**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.*

**EFFECTIVE DATES** \_\_\_\_\_

**Applicants must obtain signatures from Grand County Officials listed below**

**Building Inspector 435-259-1345 \* Zoning 435-259-1343 \* Fire Chief 435-259-5557 \* Sanitarian 435-259-5602**

**Building Inspector signature:** \_\_\_\_\_

**State Licensing # (if required):** \_\_\_\_\_

**Conditional Use or Use on Review?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Approved Zoning:** \_\_\_\_\_

**Zoning Administrator signature:** \_\_\_\_\_

**Fire Chief signature:** \_\_\_\_\_

**Sanitarian signature:** \_\_\_\_\_