



**DELTA CITY BUSINESS APPLICATION**  
 76 North 200 West  
 Delta, Utah 84624  
 435-864-2759  
[delta.utah.gov](http://delta.utah.gov)

Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Are you legally authorized to work in the U. S. ? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

Manager's Name \_\_\_\_\_

Manager's Address \_\_\_\_\_

Manager's Phone \_\_\_\_\_ Manager's email \_\_\_\_\_

Description of Business \_\_\_\_\_

Type of Organization: ( ) Self Owned ( ) Corp. ( ) LLC ( ) Partnership

Utah State Tax I.D. Number \_\_\_\_\_

*Documentation is required to prove work status for illegal aliens. Docs Rec'd. ( ) office only*

I (We) hereby agree to conduct business in accordance with the laws and ordinances governing such business and swear, under penalty of law, that the information contained herein is true and correct.

Signatures \_\_\_\_\_ Date \_\_\_\_\_

*Obtaining necessary approvals is your responsibility and must be obtained prior to submitting the application.*

Approvals	
Zoning _____	Date _____
Fire Dept. _____	Date _____
Bldg. Insp. _____	Date _____
Health Dept. _____	Date _____
Approved: _____	Date _____