



TOWN OF WOODRUFF

◆ E S T . 1 8 7 0 ◆

195 S. Main - P.O. Box 154, Woodruff, UT 84086 435-793-4201 woodruff@allwest.net

APPLICATION FOR BUSINESS LICENSE

Date _____

Applicant's Name _____

Billing Address _____

Name of Business _____

Address of Business (if different than billing) _____

Type of Business (detailed description) _____

Days and Hours of Operation _____

AGREEMENT

1. Applicant acknowledges that this agreement is governed by the Town of Woodruff Business Ordinances and the rules and regulations adopted by the Woodruff Town Board.
2. In consideration of the business license to be supplied by the Town of Woodruff to applicant at the above address, applicant hereby deposits with the Town of Woodruff the sum of Thirty dollars (\$30.00).
3. In the event that this application is denied by the Woodruff Town Board, applicant will received refund of fee stated in paragraph three.
4. This agreement shall not be assigned by applicant.

Date

Signature of Applicant

Accepted by Woodruff Town Board

Mayor

Clerk

Date

Declined by Woodruff Town Board

Mayor

Clerk

Date