

FARMINGTON CITY
160 S. Main, P.O. Box 160
Farmington, UT 84025
801-451-2383



Video Store Regulatory License Application
(Please print)

Name of Business: _____

Address: _____

Mailing Address: _____

Telephone: _____

Days and Hours of Operation: _____

Owner's Name: _____

(If corporation, list principal officers on separate sheet)

Address: _____

Manager's Name: _____ Telephone: _____

PERSON to contact after hours (if different from Manager) in case of fire or police emergency.

Name: _____ Telephone: _____

LICENSE FEE: \$100.00

The undersigned hereby certifies that the above information is true and correct and that the undersigned has full authority to represent the owner(s) of the business in making this application.

Signature and Date

FOR OFFICE USE ONLY		
Date received: _____	License #: _____	Code: _____
Approved by: _____	Date: _____	
Fire Inspection Required _____	Yes _____	No _____