



BUSINESS LICENSE APPLICATION

Please submit the completed form and all applicable attachments to the Ferron City Hall at PO Box 820, 20 East Main Street, Ferron, UT 84523.

PLEASE TYPE OR PRINT LEGIBLY

Business Information			
Status: ☐ New Business ☐ Location Change ☐ Name Change ☐ Ownership Change ☐ Renewal			
Business Name: Popz Repair Shop			
Owner's Name: Kelly Howes			
Manager's Name: ~~Theresa Howes~~			
Business Street Address and PO Box: 38 W Main			
City: Ferron	State: UT	Zip: 84523	Zone:
Business Telephone: 435-609-3712		Fax:	E-mail
Type of Organization: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC			
Type of Business: ☐ Commercial Wholesale ☐ Commercial Retail ☐ Construction / Contractor ☒ Services ☐ Home Occupation ☐ Restaurant/Fast Food Establishment ☐ Sexually Oriented			
Opening Date: 4-19-21	Business Hours:	Days of Week:	
Detailed Description of Business Activity: Servicing + Repair of small engine & Power Sports Education & promotion of business			
APPROVALS: (Please sign and date)		Office Use Only	
License Administrator _____		FIRE CHIEF _____	
Planning Commission _____		Health Dept. _____	
Building Inspector _____		Other _____	
		LICENSE # _____	

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Business Tax Information

State Sales Tax ID:	Federal Tax ID:
State License Type:	State License No. (Attach Copy if applicable)
Beer License Needed ☒ No ☐ Yes If yes check the following: ☐ Class A ☐ Class B ☐ Class C	
Background Check ☒ No ☐ Yes (If yes, please sign consent or attach proof)	Bond ☒ No ☐ Yes (If yes, please attach proof)

Owner Information

Owner's Name: Kelly Howes			
Owner's Street Address and PO Box: 390 S. 400 W. PO Box 605			
City: Ferron	State: UT	Zip Code: 84523	PO Box: 605
Owner's Phone: (435) 609-3712	Fax:	E-Mail: Kellyhowes12@gmail.com	
Owner's Date of Birth: 03/04/1981		Owner's Drivers License No. (Please provide copy) 141242755	

Manager Information

Manager's Name: <u>Lyndi Anderson</u>			
Manager's Street Address and PO Box:			
City:	State:	Zip Code:	Phone:
Manager's Date of Birth:		Manager's Drivers License No.	

Corporations, Partnerships or LLC Please complete this section

List all Officers:	Home Address:	Home Phone:
Title:	Date Of Birth:(MM/DD/YYYY)	Drivers License No. (Please include a copy)

I understand that completion of this application does not constitute the approval to operate a business. I agree to conduct said business in accordance with all state and local laws and swear under penalty of law that the information contained in this application is true and correct.

Signature of Owner Kathy Barnes Date 3/29/21

Kelly Hower owner
Please Print Name Title

Please allow at least 10 business days to process the application