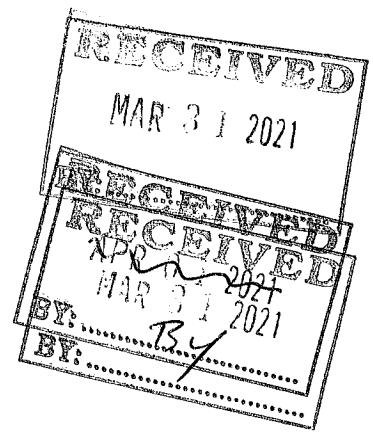




BUSINESS LICENSE APPLICATION

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: Troyne Enterprises LLC			
Owner's Name: Wayne Urie			
Manager's Name:			
Business Street Address and PO Box: 290 S State PO Box 227			
City: Ferron	State: Utah	Zip: 84523	Zone:
Business Telephone: 435 820 4470		Fax:	E-mail: Wurie61@gmail.com
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: 1 April, 2021	Business Hours: Varied	Days of Week: Mon - Friday	
Detailed Description of Business Activity: Equipment & trailer repair, Welding. Promotion of and sales of Agricultural Products.			
APPROVALS: (Please sign and date)		Office Use Only	
License Administrator _____		FIRE CHIEF _____	
Planning Commission _____		Health Dept. _____	
Building Inspector _____		Other _____	
		LICENSE # _____	

Business Tax Information

State Sales Tax ID:	Federal Tax ID: 86-2407334
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: Wayne Urie			
Owner's Street Address and PO Box: 290 South State Street PO Box 227			
City: Ferron	State: Utah	Zip Code: 84523	PO Box: 227
Owner's Phone: 435 820 4470	Fax:	E-Mail: Wurie6@gmail.com	
Owner's Date of Birth: January 23, 1961		Owner's Drivers License No. (Please provide copy) 011416816	

Manager Information

Manager's Name: Same as above			
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:
Wayne Urie Sole Mbr	290 S. State	435 384 2994
Title:	Date Of Birth:(MM/DD/YYYY)	Drivers License No. (Please include a copy)
Same as above	January 23, 1961	011416816

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.

Wayne Urie **31 March, 2021**
 Signature of Owner Date
Wayne Urie **Owner Operator**
 Please Print Name Title

Please allow at least 10 business days to process the application