



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: Wayman Ranch Ferron LLC			
Owner's Name: Michael Lynn Wayman			
Manager's Name: Michael Lynn Wayman			
Business Street Address and PO Box: 310 East Molen Road			
City: Ferron	State: UT	Zip: 84503	Zone:
Business Telephone: 801-946-1855		Fax:	E-mail: waymanranch@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 Airbnb			
Opening Date:	Business Hours:	Days of Week: 7	
Detailed Description of Business Activity: Business: Guest Services as an Airbnb			
APPROVALS: (Please sign and date)		Office Use Only	
License Administrator _____		FIRE CHIEF _____	
Planning Commission _____		Health Dept. _____	
Building Inspector _____		Other _____	
		LICENSE # _____	
Continue to next page			

Business Tax Information

State Sales Tax ID:	Federal Tax ID: 85-2949963
State License Type: NAICS CODE: 5311 - Lessors of Real Estate	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: Michael & Trisha Wayman			
Owner's Street Address and PO Box: 14048 South Van Cott Peak Circle			
City: Riverton	State: Utah	Zip Code: 84096	PO Box:
Owner's Phone:	Fax:	E-Mail: Waymanranch@gmail.com	
Owner's Date of Birth: 02/18/1974		Owner's Drivers License No. (Please provide copy) 150949637 (Michael)	

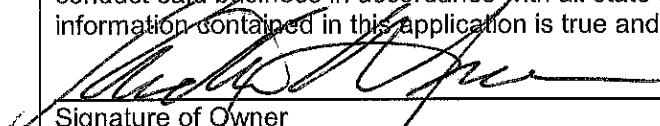
Manager Information

Manager's Name:			
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:
Trisha Wayman	14048 South Van Cott Peak Circle Riverton UT 84096	801-946-1195
Title:	Date Of Birth (MM/DD/YYYY)	Drivers License No. (Please include a copy)
owner	10/29/74	151247884

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** **10/26/2021**  **Date**
Michael L. Wayman owner **Trisha Wayman owner**
Please Print Name **Title**
Please allow at least 10 business days to process the application