



**CARBON**  
**County**  
**UTAH**

**Seth Marsing, Clerk/Auditor**  
**751 East 100 North, Ste 1100**  
**Price, Utah 84501**  
**435-636-3200**  
**seth.marsing@carbon.utah.gov**

**751 EAST 100 NORTH, STE 1100**  
**Price, UT 84501**  
**Phone (435) 636-3227**  
**Fax (435) 636-3210**

**CHANGE OWNERSHIP OF A BUSINESS LICENCE**

**Name of Business:** \_\_\_\_\_

**Business Location:** \_\_\_\_\_ **Suite/Apt #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Business Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Business Website:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_ **Is this the contact person?** \_\_\_\_ Yes \_\_\_\_ No

**Contact Person/Manager (if different):** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Type of Business:** Commercial  Home Occupation

**Nature of Business:** Retail/Wholesale  Industrial Service  Other

**Hours of Business:** From: \_\_\_\_\_ To: \_\_\_\_\_ *Please circle Days Open* M T W TH F S SU

**Detailed Description of Business:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**To your knowledge, has another business operated at the same location during the previous year?** \_\_\_\_ Yes \_\_\_\_ No

**If so, please name the business:** \_\_\_\_\_

**Number of Apartments/Hotel Rms/Motel Rms/Mobile Home/RV Spaces:** \_\_\_\_\_

**State Sales Tax I.D. No (Include Copy if applicable):** \_\_\_\_\_ **Federal Tax ID No:** \_\_\_\_\_

**State License No (Include Copy if applicable):** \_\_\_\_\_ **State License Type:** \_\_\_\_\_

**Signature of new owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_