## UTAH DEPARTMENT OF AGRICULTURE AND FOOD



Regular Postal Mail P.O. Box 146500 Salt Lake City, UT 84114-6500 (801) 982-2264 Information

Overnight Courier Mail 350 N. Redwood Rd. Salt Lake City, UT 84116 (385) 465-6023 FAX

## APPLICATION FOR PERMIT AS A WHOLESALE BEDDING AND/OR UPHOLSTERED FURNITURE DEALER (1102)

I) Name of <b>Wholes</b>	sale Dealer, Importer-Exporter	or Distributor	
Company Name			
	Mailing Address		
		E-mail	
2) If a <b>Parent Com</b>	pany or Facilitator (3rd party co	ompany) is handling your permits and futu	ure renewals, please complete below:
Parent Company	or Facilitator Name		
		E-mail	
WHO! ESA! E DE	ALER / IMPORTER-EXPORTER /	DISTRIBUTOR (1102)	permit fee \$105.00
WHOLESALE DE	ALER / IMPORTER-EXPORTER /		permittee \$103.00
Signature			Date
Print Name of Co	ntact Person		
		egistrations and identification purposes or ure, tag or record ( <b>not transferrable</b> ).	nly. The issuance of the permit does
		MAKE CHECKS DAVADLE TO	

## MAKE CHECKS PAYABLE TO:

## **UTAH DEPARTMENT OF AGRICULTURE AND FOOD** (Do not send cash)

Checks from foreign companies must have U.S. bank encoding numbers along bottom of check.

FOR OFFICE USE ONLY				
Code:	License:	Federal RN or WPL #:		
Customer #:	Date:	Year:		