APPLICATION FOR BEDDING AND UPHOLSTERED FURNITURE PERMIT

(1101) (Do not use this form for a renewal)

(Section 1 is for Manufacturer information ONLY)

1) Manufacturer Name

Manufacturing Address 

Mailing Address 

Phone Number 

E-mail 

Uniform Registry Number (URN) 

If you have not yet been assigned a uniform registry number, would you like Utah to issue one to you? Yes ☐ No ☐

2) Is this a joint* application? Yes ☐ No ☐

Name of Wholesale Dealer, Importer-Exporter or Distributor 

Mailing Address 

Phone Number 

E-mail 

3) If a Parent Company or Facilitator (3rd party company) is handling your permits and future renewals, please fill in below:

Parent Company or Facilitator Name 

Mailing Address 

Phone Number 

E-mail 

MANUFACTURER (check all that apply) (1101) $105.00

A. Furniture (all types) ☐ E. Comforters, Quilts, etc. ☐

B. Sleeping Bags (cuddle bags, etc.) ☐ F. Exercise Equipment (pads, mats, benches, seats, etc.) ☐

C. Pillows (decor, bolsters, etc.) ☐ G. Baby Furniture (strollers, car seats, carriers, baths, etc.) ☐

D. Mattresses (pads, mats, cushions, etc.) ☐ H. Other (bulk materials, bales, slabs, etc.) ☐

* PLEASE NOTE: A person or company may be jointly permitted as a manufacturer and as a wholesale dealer/importer, supplier or repairer for a single factory without the payment of an additional permit fee.

If you have been previously licensed for this registry number in the State of Utah, please list: Year 

Please enclose a completed Law Label worksheet if you are using a Uniform Registry Number from another state and a copy of the current license from that state.

Signature 

Date 

Print Name of Contact Person 

The acceptance of your assigned number is for registrations and identification purposes only. The issuance of the permit does not imply approval of individual process, procedure, tag or record (not transferrable).

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: 

URN #: 

Customer #: 

Date: 

Year: 

Reset Form

Revised Nov 2018
By signing here you are stating that all information is true and accurate to the best of your knowledge.