



# Hildale City

320 East Newel Avenue  
 PO Box 840490  
 Hildale, Utah 84784-0490  
 Phone (435) 874-2323  
 Fax (435) 874-2603  
 Email [recorder@hildalecity.com](mailto:recorder@hildalecity.com)

## OFFICE USE ONLY

Date of Application	_____
License #	_____ NAICS _____
Business Type	_____
License Fee	_____ Bond _____
Processing Fee	_____ Inspection Fee _____
Alcohol License Fee	_____
Receipt #	_____
Total Payment	_____
Application Received By:	_____

**Please Print Legibly**

### Section I: Business Information

**Type of Business**  Home (Must complete the Home Occupation Checklist)  
 Commercial

**Business Name**

Doing Business as (DBA) \_\_\_\_\_

**Business Physical Location** Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address Street Address/ P O Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Business Phone** \_\_\_\_\_ Business Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Department of Commerce Entity Number** \_\_\_\_\_ Sales Tax # (If applicable) \_\_\_\_\_ Federal Id # \_\_\_\_\_

Professional License # (If applicable) \_\_\_\_\_ Driver License # \_\_\_\_\_ State \_\_\_\_\_

Previous Business Name \_\_\_\_\_ Not applicable

Previous Business Location \_\_\_\_\_ Not Applicable

**Ownership Type:**  LLC  Corporation  Partnership  Proprietorship  Other

### Section II: Ownership & contacts

**Owner Name** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Owner Physical Address** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Owner Mailing Address** Street or PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Date of Birth \_\_\_\_\_

Owner Driver License # (must provide copy) \_\_\_\_\_ Co-Owner Driver License # (must provide copy) \_\_\_\_\_ Owner Passport # \_\_\_\_\_

Owner Phone # \_\_\_\_\_ Owner Cell Phone # \_\_\_\_\_ Owner Fax # \_\_\_\_\_

**Contact Role (mark all that apply)**

- Application Contact
- Ownership
- Authorized Agent
- Local Manager
- After Hours Emergency contact
- Licensing Representative
- Other Officer or Employee

Are you a US Citizen? Yes  No  Valid US Work Authorization Certificate # (must provide a copy) \_\_\_\_\_

Co-Owner Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Co-Owner Physical Address** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you a US citizen? Yes  No  Valid US Work Authorization Certificate # ( must provide a copy) \_\_\_\_\_

Manager or Authorized Agent Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Manager Physical Address** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Manager Phone \_\_\_\_\_

**Contact Role (mark all that apply)**

- Application Contact
- Ownership
- Authorized Agent
- Local Manager
- After Hours Emergency contact
- Licensing Representative.
- Accounting
- Other Officer or Employee

If this application is not filled out **COMPLETELY** it cannot be received by the Hildale City. All red lines must be filled out to match the State's record or your license **WILL NOT** be processed.

### Section III: Business Description:

Type of operation (mark all that apply)

<input type="checkbox"/> Retail sales (on site)	<input type="checkbox"/> Construction	<input type="checkbox"/> Fresh Food or Drinks (prepared on site)	<input type="checkbox"/> Service
<input type="checkbox"/> Retail sales (rarely on site)	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Professional Service
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Alcohol (off premise)	<input type="checkbox"/> Restaurant (Take-out only)	<input type="checkbox"/> Transportation
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Alcohol (On premise)	<input type="checkbox"/> Day Care/Preschool	<input type="checkbox"/> Sexually Oriented Business
<input type="checkbox"/> Pawn Broker/ Second Hand Dealer	<input type="checkbox"/> Guns &/or ammunition (Provide copy of Federal Firearms Permit)	<input type="checkbox"/> Tobacco-Provide copy of Utah State Tobacco Sales # _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> E-Commerce	<input type="checkbox"/> Manufacturing		

Detailed Description of all anticipated business operation (Be specific as to the use of the BUSINESS LOCATION, STORAGE of MATERIAL, ETC.)

Building / Plaza Name

Will this building require any structural, electrical, mechanical or plumbing changes?  Yes  No

If Yes, explain. (Building permit may be required)

If property is rented, please include letter of permission from the landlord.

Does this business include any of the following? (check all that are applicable)

<input type="checkbox"/> Constructing a new sign (Sign permit required)	<input type="checkbox"/> Vending Machines --on site	<input type="checkbox"/> Electrical, plumbing, structural or mechanical changes to the site
<input type="checkbox"/> Changing an existing sign (sign permit required)	<input type="checkbox"/> On site secondary business	<input type="checkbox"/> Discharge that goes anywhere other than sanitary sewer
<input type="checkbox"/> Use of city right of way (i.e. sidewalk)	<input type="checkbox"/> On site events (i.e. Community party, parking lot/sidewalk sales)	<input type="checkbox"/> Door to door sales (separate permit required)
<input type="checkbox"/> Hazardous materials use and/or storage	<input type="checkbox"/> Live entertainment on site	<input type="checkbox"/> Changes to existing garbage service
<input type="checkbox"/> Warehousing	<input type="checkbox"/> Tobacco Sales	<input type="checkbox"/> Laundry Mat
<input type="checkbox"/> Car Wash	<input type="checkbox"/> Fireworks sales on site	<input type="checkbox"/> Flammable liquids
<input type="checkbox"/> Storage of Vehicles	<input type="checkbox"/> Adult films, books, etc.	<input type="checkbox"/> Compressed Gas
<input type="checkbox"/> Vehicle Repair	<input type="checkbox"/> Sexually oriented paraphernalia	<input type="checkbox"/>
<input type="checkbox"/> Gas Pumps (How many?)		<input type="checkbox"/>

### Section IV Fee Schedule

License fees are determined by the type of business you have. Please see "Consolidated Fee Schedule" on the Hildale City website, [www.hildalecity.com](http://www.hildalecity.com) to determine the amount your license will cost per year.

### Section V: Notifications, Disclosers, and Verification of Authority

1) Upon Submission of this application, the applicant authorizes the City Licensing Officer to verify the information submitted with the **completed** application including: applicant's address, applicant's and/or responsible person's or entity's state tax identification and special use tax numbers, and the validity of the applicant's proof of identity and a copy of the applicant's federal identification or tax identification numbers.

2) Mandatory review process: This application does not constitute a business license. All applications are subject to the review process mandated by Title 11 of the Municipal City Code. **Incomplete applications will not be processed.** Decisions on applications will take 15 business days (minimum), and are based on:

- a) The information provided on the application materials, and
- b) Reviews inspections performed, as required

3) Additional requirement: Under the Hildale City Municipal Code, additional Business License application requirement are necessary for some business types.

4) Denial of License: Applications denied, suspended or revoked are most often the result of

- a) An inaccurate or incomplete application, or failure to update information with the business license department, and/ or
- b) Non-compliance with the Hildale City Municipal Code, and/or applicable building, fire and environmental codes.

5) Other regulatory bodies: It is the applicant's responsibility to determine and comply with any requirements from other regulatory agencies.

6) Signage: Permanent signs require a separate Sign Permit Application which is administered by the Planning &, Zoning Department (435) 874-2323.

7) Building alterations: All alterations to buildings or spaces, including electrical, plumbing, and mechanical alterations, require a separate building permit and compliance inspection as established by the Hildale City Municipal Code. Building Permits are issued by the Building Department (435) 874-2323.

8) Officer Background checks: All applicants whose business involves daycare, preschool, housekeeping, book keeping, and transportation are required to submit a background check less than 30 days old, issued by the Utah Bureau of Criminal Identification and/or a Hildale City local background check.

Under penalty of perjury, I affirm that I am an authorized agent of the business for which application is being made, and the information on this form and on all application materials are both complete and accurate to the best of my knowledge. I hereby acknowledge that my business address and business phone number are public information and may be posted on the Hildale City website. I hereby acknowledge that illegal or fraudulent business practices are grounds for revocation of the business license. The receipt of payment for payment of license fees thereof does not constitute being approved to operate a business. The actual business license will be issued only when all inspections are complete and signed off by the various departments and approval is given by the Business License Officer. **To Open and/or operate a business without final approval and obtaining a business license is a Class B misdemeanor and is subject up to a \$1000.00 fine and/or a six month jail sentence.** It is the responsibility of the licensee to be familiar with the ordinance under which the license is applied for. All applications are to be renewed annually, with payment due on or before January 31, of the calendar year.

Signature of Owner or Authorized agent

Printed Name

Date

## Section VI: Office Use Only

Signature of department represents approval of this application for a business license

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Hold/Pending	Date:	Police Department	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Hold/Pending	Date:	Public Works	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Hold/Pending	Date:	Engineering	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Hold/Pending	Date:	South West Utah Public Health Dept.	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Hold/Pending	Date:	Building	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Hold/Pending	Date:	Fire Department	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Hold/Pending	Date:	Zoning	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Hold/Pending	Date:	Business Licensing	