

OFFICE USE ONLY

Date of Application _____
License # _____ NAICS _____
Business Type _____
License Fee _____ Class "C" Fireworks _____
Building Fee _____ Fire Fee _____
Commercial Liability Insurance _____
Receipt # _____
Total Payment _____
Application Received By: _____



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

TEMPORARY BUSINESS LICENSE APPLICATION

Section 1: Business information – *Please type or print* ___ New Application ___ Amended Application

Business Name _____

Business Owner Name: _____ Business Manager or Authorized Agent: _____

Business Physical Location: _____ Business Phone No. (____) _____

Business Fax: _____ Business E-mail Address: _____

Business Mailing Address: _____ Business Start Date: _____

Federal License (if any): _____ NO. _____ Expires _____

Federal ID: SSN EIN _____ Utah Corporation/LP/LLC or Db a No _____

State Tax: Withholding No. _____ Temporary State Sales Tax No. _____

State License (if any): _____ No. _____ Expires: _____

Has the City of Hildale ever licensed the applicant(s)/Owner(s)? _____ If yes, when? _____

If yes, under what name(s)? _____

SECTION II. Check All That Apply	SECTION III: Describe Business
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Outside City Limits <input type="checkbox"/> General Partnership <input type="checkbox"/> Home Occupation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Commercial <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Solicitor <input type="checkbox"/> Profit Corp. <input type="checkbox"/> Transient Merchant <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Seasonal <input type="checkbox"/> Employees <input type="checkbox"/> Single Event <input type="checkbox"/> Sexually- oriented Business or Employee Approximate No. _____ Date: _____	

Below this line is for office use only

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	

Applicant's Driver's License No. & State:		Brief Description of Business:	
# of Employees		Are you over age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date business will be in operation:			
Has application fee of \$40.00 plus \$10.00 per day been Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has application been made within 48 hours of the event?	
Are restroom facilities for employees provided by another business within 300 feet of your seasonal business? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide written evidence			
Does the owner of the premises upon which the portable structure is to be placed give his/her consent for the placement of the structure and approval of the type of business to be conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide written evidence			
Dose the temporary structure from which business will be conducted contain at least three walls and a roof having no more than 400 square feet of floor space? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Office Use Only			
Has a Background Investigation been performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		What are the results of the background Investigation?	
Is the business being conducted in a Planned Commercial Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Commission Review Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:		
Planning and Zoning Administrator Signature:	<input type="checkbox"/> Approved	Date:	
	<input type="checkbox"/> Hold/Pending	Date:	
	<input type="checkbox"/> Denied	Date:	

SECTION IV: Verification of Accuracy – Acknowledgment of Responsibility

Under penalty of perjury, I hereby certify that the information provided for this entire application is complete and accurate. I certify that I and all of my employees engaged in this transient sales activity are over the age of 18, I possess a valid driver's license, have had a background investigation performed, and have not been convicted of a felony or served a sentence for a felony conviction within five (5) years, or a misdemeanor within the last three years involving controlled substances, sex crimes, contributing to the delinquency of a minor, theft, possession of stolen property or any other criminal act which might relate to the operation of the business and understand that the City may deny, suspend, or revoke the license if the applicant or licensee has violated any provision of the City ordinance or the business license requirements. I further certify that I hereby acknowledge that illegal or fraudulent business practices are grounds for revocation of the business license. I certify that each person engaged in transient sales shall display said permit on their persons at all times when in business for which the license is granted, that application has been made at least 48 hours prior to operation of this transient sales business, that this activity shall not extend for more than three (3) consecutive working days, nor more than four (4) times a year and further certify that this business will not operate on dates other than those covered by this license.

The receipt for payment of license fees thereof does not constitute being approved to operate a business. This form is an application for a business license. The actual license will be issued only when all inspections are completed and signed off by the various departments and approval is given by the Business License office. Hildale City shall not be held responsible for delays in processing an application, or for property improvements and other business expenditures occurring before the license applicant received final approval. To open and/or operate a business without final approval is a class B misdemeanor and is subject to a \$1,000.00 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. There may also be other required fees and inspections from the Building Department.

Authorized Business Owner _____ Date _____ Approval of Business License Administrator _____ Date _____

SECTION V:

Registered Agent (for Corporations, Limited Liability Companies, or Limited Partnerships only)

Registered Agent _____ Home Phone (_____) _____
Living at _____
Street _____ City _____ State _____ Zip _____

SECTION VI:

This section must be completed for each owner, partner corporate officer and local manager.

A police background check may be conducted for each owner/officer and local manager as part of the application approval process. List all owners, officers and local managers – if additional entries are required, this page may be photocopied.

OWNER/PARTNER/PRESIDENT _____ Home Phone (_____) _____

Living at _____

SSN _____ Date of Birth _____ Drivers License No. _____ State _____

Corporate Title _____ U.S. Citizen Valid U.S. Work Authorization _____

PARTNER/ CORP. OFFICER _____ Home Phone (_____) _____

Living at _____

SSN _____ Date of Birth _____ Drivers License No. _____ State _____

Corporate Title _____ U.S. Citizen Valid U.S. Work Authorization _____

PARTNER/ CORP. OFFICER _____ Home Phone (_____) _____

Living at _____

SSN _____ Date of Birth _____ Drivers License No. _____ State _____

Corporate Title _____ U.S. Citizen Valid U.S. Work Authorization _____