



## 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)

# Regular Hildale City Business License Application Form

### 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: _____
 Company Name: _____

**Upon receiving building permits, utility services, business licenses, or land uses applications, city officials are required to sign, date and provide a copy of the application to the applicant. In the event you are refused a copy of this stamped and initialed document, please contact the Court Monitor, Roger Carter (435) 319-0840.**

Copy of application given to applicant  Y  N

Emailed \_\_\_\_\_ Mailed \_\_\_\_\_ Hand delivered \_\_\_\_\_

**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

<b>Ownership Type:</b> → 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

- Contact Role (mark all that apply)**
- Application Contact
  - Ownership**
  - Authorized Agent**
  - Local Manager**
  - After Hours Emergency contact
  - Licensing Representative
  - Other Officer or Employee

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

Owner Phone # Owner Cell Phone # Owner Fax #

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 Hildale City. All red lines must be filled out to match the State's record or your license **WILL NOT** be processed.



### 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**

# BUSINESS LICENSE SIGN OFF FORM

## Section VI: Office Use Only

Business Name:	Business Type:	Business Phone:
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Date received:	License #	Owner Name
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### APPROVED

	STATUSES	DATE	NOTE	DEPARTMENT	SIGNATURE
Department <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Notified 1 2 3	<input type="checkbox"/> Approved	Date:		Police Department	
Department <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Notified 1 2 3	<input type="checkbox"/> Approved	Date:		Fire Department	
Department <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Notified 1 2 3	<input type="checkbox"/> Approved	Date:		Building	
Departments <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Notified 1 2 3	<input type="checkbox"/> Approved	Date:		Planning & Zoning	
Departments <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Notified 1 2 3	<input type="checkbox"/> Approved	Date:		Public Works	
Departments <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Notified 1 2 3	<input type="checkbox"/> Approved	Date:		Engineering	
Departments <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Notified 1 2 3	<input type="checkbox"/> Approved	Date:		SWUP Health Dept.	
Departments <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Notified 1 2 3	<input type="checkbox"/> Approved	Date:		Business Licensing	

### HOLD/PENDING

STATUSES	DATE	CODE NUMBER.	DEPARTMENT	SIGNATURE
<input type="checkbox"/> Hold/Pending	Date:	Reason why: Code No.	Police Department	
<input type="checkbox"/> Hold/Pending	Date:	Reason why: Code No.	Fire Department	
<input type="checkbox"/> Hold/Pending	Date:	Reason why: Code No.	Building	
<input type="checkbox"/> Hold/Pending	Date:	Reason why: Code No.	Planning & Zoning	
<input type="checkbox"/> Hold/Pending	Date:	Reason why: Code No.	Public Works	
<input type="checkbox"/> Hold/Pending	Date:	Reason why: Code No.	Engineering	
<input type="checkbox"/> Hold/Pending	Date:	Reason why: Code No.	SWUP Health Dept.	
<input type="checkbox"/> Hold/Pending	Date:	Reason why: Code No.	Business Licensing	

### DENIED

STATUSES	DATE	CODE NUMBER	DEPARTMENT	SIGNATURE
<input type="checkbox"/> Denied	Date:	Reason why: Code No.	Police Department	
<input type="checkbox"/> Denied	Date:	Reason why: Code No.	Fire Department	
<input type="checkbox"/> Denied	Date:	Reason why: Code No.	Building	
<input type="checkbox"/> Denied	Date:	Reason why: Code No.	Planning & Zoning	
<input type="checkbox"/> Denied	Date:	Reason why: Code No.	Public Works	
<input type="checkbox"/> Denied	Date:	Reason why: Code No.	Engineering	
<input type="checkbox"/> Denied	Date:	Reason why: Code No.	SWUP Health Dept.	
<input type="checkbox"/> Denied	Date:	Reason why: Code No.	Business Licensing	