



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

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

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

- 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 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"/> Manufacturing	<input type="checkbox"/> Treatment center	<input type="checkbox"/> Spa Services
<input type="checkbox"/> E-Commerce	<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 _____
A1 ___ A2 ___ A3 ___ A4 ___ A5 ___			

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"/> On site secondary business
<input type="checkbox"/> On site events (i.e. Community party, parking lot/sidewalk sales)	<input type="checkbox"/> Electrical, plumbing, structural or mechanical changes to the site	<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"/> Changing an existing sign (sign permit required)	<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"/> Physician
<input type="checkbox"/> Car Wash	<input type="checkbox"/> Fireworks sales on site	<input type="checkbox"/> Dentist
<input type="checkbox"/> Storage of Vehicles	<input type="checkbox"/> Adult films, books, etc.	<input type="checkbox"/> Chiropractic
<input type="checkbox"/> Vehicle Repair	<input type="checkbox"/> Sexually oriented paraphernalia	<input type="checkbox"/> Adult treatment center
<input type="checkbox"/> Gas Pumps (How many?)	<input type="checkbox"/> Massage	<input type="checkbox"/> Youth treatment center
<input type="checkbox"/> Flammable liquids	<input type="checkbox"/> Nails Technician (manicure & pedicure)	<input type="checkbox"/> Hair Technician
<input type="checkbox"/> Compressed Gas	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Laundry Mat	<input type="checkbox"/>	<input type="checkbox"/>

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

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 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	