

Hildale City 320 East Newel Avenue

PO Box 840490 Hildale, Utah 84784-0490 Phone (435) 874-2323 Fax (4350 874-2603

Email recorder@hildalecity.com

Regular Hildale City Business License **Application Form**

OFFICE USE ONLY

Date of Application
License # NAICS
Business Type
Business TypeBond
Processing Fee Inspection Fee
Alcohol License Fee
Receipt #
Total Payment
Application Received By:
,
Company Name:
Company Traine.
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 $\Box Y \Box N$
Emailed Mailed Hand delivered
Emaneu Maneu nanu denvereu

Please Print Legibly

Ticase Time Degiony								
Section I: Business Information								
Type of Business								
Business Name	1							
Doing Business as (DBA)								
Business Physical Location Street Ad	ldress		City	State		Zip		
Mailing Address Street Add	dress/ P 0 Box		City	State		Zip		
E-mail Address								
Business Phone		Business Fax			Cell Phone			
Department of Commerce Entity Nu	ımber	Sales Tax # (If applic	cable)		Federal Id#			
Professional License # (If applicable)		Driver License #			State			
Previous Business Name							Not applicable □	
Previous Business Location							Not Applicable □	
Ownership Type: → LLC	vnership Type: → LLC Corporation		Partnership		Proprietorship		Other	
Section II: Ownershi	p & cont	acts				Contac	t Role (mark all that apply)	
Owner Name First	•	Middle	Last				ication Contact	
Owner Physical Address	Street	City	State	Zi	Zip			
Owner Mailing Address Street or	PO Box	City	State Zi	ip			 □ After Hours Emergency contact □ Licensing Representative □ Other Officer or Employee 	
Owner Date of Birth								
Owner Driver License # (must provide	copy)	Co-Owner Driver Lic	cense # (must provide copy	<i>i</i>)	Owner Passp	ort#		
Owner Phone #		Owner Cell Phone #			Owner Fax #			
Are you a US Citizen? Yes□ No □	☐ Valid US Work	k Authorization Certific	cate #(must provide a copy))		ontact Role	e (mark all that apply)	
Co-Owner Name First		Middle	Last			Ownership Authorized)	
Co-Owner Physical Address	Street	City	State	Zi	ip	Local Mar		
Are you a US citizen? Yes \(\subseteq \text{No } \subseteq \text{Valid US Work Authorization Certificate # (must provide a copy)} \) \[\begin{array}{c} \subseteq \text{ Licensing Representative.} \\ \subseteq \text{ Accounting} \\ \subseteq \text{ Other Officer or Employee} \end{array}								
Manager or Authorized Agent Name	First	t	Middle	Last		Julei OIII	eer of Employee	
Manager Physical Address	Street	City	State	Zi	ip			
Manager Phone								

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

Section III: Business Description: Type of operation (mark all that apply)							
			T				
☐ Retail sales (on site)	□ Constructi		☐ Fresh Food or Drinks (prepared on site)		□ Service		
☐ Retail sales (rarely on site)	□ Cosmetology		□ Restaurant		□ Professional Service		
□ Hotel/Motel	□ Alcohol (o		☐ Restaurant (Take-out only)		□ Transportation		
□ Bed & Breakfast	□ Alcohol (C		□ Day Care/Preschool		☐ Sexually Oriented Business		
□ Pawn Broker/ Second Hand Dealer	□ Manufactu		□ Treatment center		□ Spa Services		
□ E-Commerce	☐ Guns &/or ammunition (Provide copy of Federal Firearms Permit)		☐ Tobacco-Provide copy of Utah State Tobacco Sales #		□ Other		
Building / Plaza Name							
Will this building require any structural,	electrical, mec	hanical or plumbing changes	? □ Yes □ No				
If Yes, explain, (Building permit may be		name or prameing enames					
If property is rented, please include letter		from the landlord.					
Does this business include any of the foll	owing? (check	all that are applicable)					
□ Constructing a new sign (Sign permit req	mired)	□ Vending Machineson	site	□ On site see	condary business		
☐ On site events (i.e. Community party, park lot/sidewalk sales)		☐ Electrical, plumbing, str mechanical changes to the	uctural or		that goes anywhere other than		
☐ Use of city right of way (i.e. sidewalk)		☐ Changing an existing sig			or sales (separate permit required)		
☐ Hazardous materials use and/or storage	<u> </u>	☐ Live entertainment on si			existing garbage service		
□ Warehousing		□ Tobacco Sales		□ Physician	88		
□ Car Wash		☐ Fireworks sales on site		□ Dentist			
□ Storage of Vehicles		☐ Adult films, books, etc.		□ Chiropract	ic		
□ Vehicle Repair		☐ Sexually oriented parapl	nernalia	□ Adult treat			
□ Gas Pumps (How many?)		□ Massage		□ Youth trea	tment center		
□ Flammable liquids		□ Nails Technician (manicure & pedicure)		□ Hair Technician			
□ Compressed Gas							
□ Laundry Mat							
Detailed Description of all anticipated bu	isiness operation	on (Be specific as to the use of	of the BUSINESS LOCATIO	ON, STORAG	E 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 <u>completed</u> 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) <u>Mandatory review process: This application does not constitute a business license.</u> 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 Innuary 31. of the calendar year

familiar with the ordinance under which the license or before January 31, of the calendar year.	is applied for. All applications are to be re	enewed annually, with payment due or
Signature of Owner or Authorized agent	Printed Name	Date

BUSINESS LICENSE SIGN OFF FORM

Section VI: Office Use Only

Business Name:	ness Name: Business Type: Business Phone:						
Data and inch.							
Date received: License # Owner Name							
			APPROVED				
	STATUES	DATE	NOTE	DEPARTMENT	SIGNATURE		
Department □ Notified 1		Date:		Police Department			
Department □ □ Notified 1		Date:		Fire Department			
Department □ Notified 1		Date:		Building			
Departments □ Notified 1	2 3	Date:		Planning & Zoning			
Departments □ Notified 1	2 3	Date:		Public Works			
Departments □ Notified 1		Date:		Engineering			
Departments □ Notified 1	1.1	Date:		SWUP Health Dept.			
Departments □ Notified 1		Date:		Business Licensing			
HOLD/PENDING							
STATUES	DATE		CODE NUMBER.	DEPARTMENT	SIGNATURE		
□ Hold/Pendin	g Date:	Reason why: Code No.		Police Department			
□ Hold/Pending	Date:	Reason why: Code No.		Fire Department			
□ Hold/Pendin	g Date:	Reason why: Code No.		Building			
□ Hold/Pendin	-	Reason why: Code No.		Planning & Zoning			
□ Hold/Pendin		Reason why: Code No.		Public Works			
□ Hold/Pendin	-	Reason why: Code No.		Engineering			
□ Hold/Pendin	-	Reason why: Code No.		SWUP Health Dept.			
□ Hold/Pendin	g Date:	Date: Reason why: Code No.		Business Licensing			
DENIED							
STATUES	DATE		CODE NUMBER	DEPARTMENT	SIGNATURE		
□ Denied	Date:	Reason why: Code No.		Police Department			
□ Denied	Date:	Reason why: Code No.		Fire Department			
□ Denied	Date:	Reason why: Code No.		Building			
□ Denied	Date:	Reason why: Code No.		Planning & Zoning			
□ Denied	Date:	Reason why: Code No.		Public Works			
□ Denied	Date:	Reason why: Code No.		Engineering			
□ Denied	Date:	Reason why: Code No.		SWUP Health Dept.			
□ Denied	Date:	Reason why: Code No.		Business Licensing			