

License Number: _____



Washington City Recorder's Office

111 North 100 East
Washington, Utah 84780

(435) 656-6356
washingtoncity.org

APPLICATION FOR BUSINESS LICENSE

Business Name: _____ Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Applicant: _____ Phone: _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

Type of Business to be conducted: _____

State Sales Tax Number (if applicable): _____ Dept of Commerce Entity Number: _____

Professional License Number (if applicable): _____ Federal Identification Number: _____

Number of Employees: Full-Time: _____ Part-Time: _____

I understand that falsifying any information on this application constitutes sufficient cause for rejection of my application or revocation of my license. I also understand that the City Business License Officials may require additional information as permitted by the City Business License Ordinance, and I agree to supply the same upon request as part of this application.

Signature of Applicant: _____ Date: _____

LICENCE FEES:	
FOR OFFICE USE ONLY	
Regular Business License	\$50.00
Home Occupations	\$50.00
Video Games and Amusement Devices	\$100.00
Banks, Savings & Loans, Pawn Brokers	\$100.00
Alcohol License	\$500.00
Full-Time Employees (over one employee)	\$10.00
Part-Time Employees	\$5.00
➤ A minimum of ½ year license fee required to new businesses applying after July 1 of the current business year ➤ License fee is due and payable by January 31 of the current business year. Delinquent penalty of 50% of the license fee will be assessed as of February 15. ➤ _____ + _____ + _____ = _____ <div style="display: flex; justify-content: space-between; width: 100%;"> License Fee Number of Employees Alcohol (if applicable) Total Fees Due </div>	



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BUSINESS REVIEW

Description of business: Give detailed description of business including, equipment to be used and materials to be sold?:

Please indicate whether any of the following will be involved with your business.

- Flammable Liquids / Compressed Gas
- Dust Producing Operation
- High Piled Combustible Storage
- Vehicle Repair / Maintenance / Storage
- Public Assembly / Education Facility
- Firearms Sales / Manufacturing
- Specialty Tobacco Sales / Manufacturing
- Sexually Oriented Businesses including, Adult Films, Books, Magazines, Exotic Dancing, etc.
- Tattoos / Body Art / Permanent Cosmetics / Tanning Facility
- Refuse collection

If you have checked any of the above, please give explanation: _____

Business premises must comply with all applicable fire, building, plumbing, health, and electrical code specifications as well as zoning regulations. Any premises where food or drink is handled will need clearance from the South West Public Health Department and St. George Regional Water Reclamation Facility.

Required Documents: Site Plan showing parking, location of vehicles/equipment, existing buildings, access and floor layout indicating office. Please be advised you may be required to submit additional documents based on the type of business.

Applicants Signature: _____ **Date:** _____

Zone: _____ **Verified By:** _____

Fire Marshal / Public Safety: _____ **Date:** _____

Community Development Office: _____ **Date:** _____

BACK ACCESS

STORAGE AREA

MEANS BATH

WOMENS BATH

OFFICE AREA

SHOWROOM AREA

SARAS THRIFT STORE

FRONT ACCESS*

123 N. BUSINESS LOOP PKWY
SUNBURN PLAZA

*
PARKING
LOT

SAMPLE BUSINESS SITE PLAN

ARE ITEMS THAT ARE
SPECIFICALLY REQUIRED ON
LOCATION.

Bob's Burger
Bar

CHECK OUT

