



147 N 870 WEST, HURRICANE, UTAH 84737
PHONE: 435-635-2811 FAX: 435-635-2184
www.cityofhurricane.com

Date of Application _____

License Fee \$50.00
Application Fee \$25.00
Total Due \$75.00

BUSINESS LICENSE APPLICATION

NOTICE: Please complete each statement below. Incomplete applications will not be accepted.

SECTION A — BUSINESS INFORMATION

Name of Business: _____

Business Phone: _____ Business Email: _____

Business Address: _____
(Street Number) (Suite) (City) (State) (Zip)

Mailing Address (if different): _____
(Street Number) (City) (State) (Zip)

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

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

Website: _____

Description of Business: _____

Will there be any building or remodeling: Will the business be located in a newly constructed building:

Commercial Lease-Property Owner Written Approval: Are you a Sexually Oriented Business:

Does your business sell alcohol: Does your business sell tobacco products:

PART B — HOME OCCUPATION APPLICANTS ONLY

- Will customers visit the home.....
· Will display or stock of merchandise be at home
· Will employees be at the house.....
· Any unusual traffic be created in neighborhood.....
· Will parking on roadside be needed.....
· Will flammable, toxic or poisonous materials be kept at the home
· Will there be any disposal of material into the septic or sewersystem?
· What portion of home is to be used for business (25% total structure area)_____

PART C — BUSINESS OWNER INFORMATION

A list of all corporate officers or partners must be included. This list must include name, home address, and phone number.

Owner's Name: _____ Phone Number: _____

Home Address: _____
(Street Number) (City) (State) (Zip)

Please add any additional owners/partners on a separate piece of paper and attach.

> This form is an application for a business license. The receipt for payment of license fees thereof does not constitute being approved to operate a business. The actual license will be issued only when all inspections are completed and signed off by the various City departments and approval is given by the Business License Office. To open and/or operate a business without final approval is a Class B Misdemeanor and punishable by law.

Manager (if different): _____

Phone Number: _____

All businesses licensed in Hurricane City must be in compliance with applicable fire codes and regulations at all times. New businesses may be required to pass a fire inspection prior to issuance of a business license. Fire inspections encompass, but are not limited to: fire equipment such as extinguishers, exits and aisles, electrical equipment, storage, and fire protection systems. Inspections may include additional areas of concern specific to particular business activities and/or locations. The licensing clerk will inform new applicants whether an initial inspection is required. Please contact the Hurricane Valley District at 435-635-9562 to schedule an inspection.

I understand that compliance with applicable fire codes and regulations is required for all businesses licensed in Hurricane City. I understand that a fire inspection of my business may be required in the future and would be conducted by Hurricane City Fire Department personnel. I understand that failure to comply with applicable fire codes and regulations may be grounds for revocation of my business license.

I UNDERSTAND AND AGREE to comply with all regulations of Title 3 Business License Regulations. **I UNDERSTAND that business shall not commence at this location without first obtaining an official copy of the business license**, and that inspections of the City Building, Zoning, Fire Officials, and the County Health Officials must first be completed and the building approved by these officials for business activities.

Applicant's Signature

Date

Office Use Only		
TOTAL FEES \$ _____	AMOUNT PAID \$ _____	
DATE _____	RECEIPT # _____	
CITY LICENSE NUMBER _____		
Home Occupation: yes / no	Zone: _____	Permitted Use: yes / no
Planning Commission Approval Required: yes / no If yes, which approval: site plan / conditional use		
Planning Commission approval date: _____ Zoning approval/date: _____		
New Construction: yes / no	Remodel: yes / no	Building Permit: yes / no
Certificate of Occupancy or Tenant Improvement inspection required: yes / no		