



Date of Application _____

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

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

**NEW BUSINESS
NEW OWNER
RE-APPLY**

◆ BUSINESS LICENSE APPLICATION ◆

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

SECTION A — BUSINESS INFORMATION

Name of Business: _____

Business Phone: _____ Fax Number: _____

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: _____ E-Mail Address: _____

Description of Business: _____

Business Type (check one): Proprietorship Partnership Corporation
Will there be any building or remodeling: Yes No Will the business be located in a newly constructed building: Yes No
Commercial License - Property Owner Written Approval: Yes No Are you a Sexually Oriented Business: Yes No
Does your business sell alcohol: Yes No Does your business sell tobacco products: Yes No
Does Your Business Have an Alarm: Yes No Business Hours: _____

PART B — HOME OCCUPATION APPLICANTS ONLY

- Will customers visit the home..... Yes No
- Will display or stock of merchandise be at home Yes No
- Will employees be at the house..... Yes No
- Any unusual traffic be created in neighborhood Yes No
- Will parking on roadside be needed..... Yes No
- Will flammable, toxic or poisonous materials be kept at the home Yes No
- Will there be any disposal of material into the septic or sewer system? Yes No
- 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: _____ Title: _____

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

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

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): _____

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

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ Date of Birth: _____

LIST TWO RESPONSIBLE / AVAILABLE EMERGENCY CONTACTS:

Name: _____ Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

PART D — HURRICANE VALLEY FIRE DISTRICT

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.

Inspection Required. Contact the Fire Dept at 435-635-9562 to schedule a fire inspection.

No Inspection required at this time.

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.

Applicant's Signature Date

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

TOTAL FEES	\$ _____	Office Use Only	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				