

HUNTINGTON CITY
APPLICATION FOR BUSINESS LICENSE
PO BOX 126*HUNTINGTON UTAH 84528*435-687-2436* e-mail huntington.utah@gmail.com
ZONING ADMINISTER - GARY ARRINGTON 435-650-1011

Name of Business: _____

Business Mailing Address: _____ Street Address: _____

Description of Business: _____

Business Phone No. _____

E-mail: _____

State Sales Tax # _____

Business entity # _____

Utah State License#
(if applicable) _____

Expiration Date _____

Utah State Beer License#
(if applicable) _____

Expiration Date _____

Utah State Contractor's License # _____

Classification(s) _____

- ➡ Submit application allowing up to 30 days for processing.
- ➡ All applications must be approved by the Zoning Administer
- ➡ When completed, this application will be placed on the City Council agenda; please attend to present your business for City Council approval.
- ➡ This form is an application for a business license. The actual license will be issued only when all requirements are satisfied and payment is made in full. All information must be accurately completed or the issuance of a license will be delayed. It is a Class B Misdemeanor to own or operate a business in Huntington City without a business license.
- ➡ Business License Renewals shall be annually on the 1st of December each year. If the fee is not paid by January 15th, a 20% penalty will be assessed, if not paid by February 15th a 50% fee will be assessed to the outstanding balance. Business licenses unpaid as of March 1st will become null and void. A new application must then be resubmitted along with payment for all delinquent fees.
- ➡ Business must be in compliance with all City and State Ordinances to retain and renew license.
- ➡ By signing this application, you are authorizing Huntington City to forward this business license application to Southeastern Utah Health Department.

I, (We) _____ hereby agree to conduct said business strictly in accordance with the laws and ordinances covering such business and swear under penalty of law the information contained herein is true.

Applicant Signature

Date

Applicant Signature

Date

Owner(s) Name: _____ Home Phone No. _____

Owner(s) Address: _____
(If different from above) City State Zip

Official Use Only

Type of Business

- | | | |
|---|---|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Commercial | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Door to Door | <input type="checkbox"/> Non – Commercial Premise | <input type="checkbox"/> Trailer Court |
| <input type="checkbox"/> Business w/Beer Permit | | |

Business Size

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| <input type="radio"/> Small | <input type="radio"/> Medium | <input type="radio"/> Large |
|-----------------------------|------------------------------|-----------------------------|

License Amount \$ _____ Approved at the _____ City Council meeting.
Date

Zoning Classification _____

Signature - Zoning Administrator

Signature - Mayor

Signature – Southeastern Health Department