



CEDAR CITY

10 North Main • Cedar City, UT 84720
 (435) 586-2950 • Fax (435) 586-4362
 www.cedarcity.org

CITY LICENSE # _____
 STATE LICENSE # _____
 SALES TAX # _____
 FEDERAL I.D. # _____
 SPECIALTY LICENSE # _____
 (e.g., contractor, alarm)

LICENSE FEES:

General Fee (\$43.00)
 (includes 1 owner/employee) \$ _____

—OR—

*Itinerant (includes 1 employee) \$ _____

1-Day Permit - \$25

7-Day Permit - \$50

14-Day Permit - \$75

3-Mo. License - \$150

—PLUS—

\$13 per employee multiplied by

of employees to nearest 1/2 _____

(Full-Time Equivalent = 40 hrs/wk; min. 1 employee)

Total Per Employee Fee \$ _____

Type of business (check 1)

- () Manuf. / Const () Hotel / Motel
 () Services () Retail / Trade

—PLUS—

Special licenses \$ _____

Total Fees (Max. Fee \$1,000) \$ _____

Penalty \$ _____

Parking Authority \$ _____

TOTAL AMOUNT DUE \$ _____

NAME OF BUSINESS _____ PHONE # _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNER'S NAME _____ HOME PHONE # _____

OWNER'S HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

MANAGER'S NAME _____ HOME PHONE # _____

MANAGER'S HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

OPENING DATE _____ EMAIL ADDRESS _____

TYPE OF BUSINESS "" CORP. "" LLC "" PARTNERSHIP "" PROPRIETORSHIP

DESCRIPTION OF BUSINESS _____

SPECIAL LICENCES:

Exhibitions, Concerts & Performances (\$50/day); Carnivals/Circus (\$300/day); Dance Halls (add'l \$100);
 Junk Dealers (\$150); Firework Stands (\$200); Auctioneers (\$100/yr or \$25/day);

*Insurance/Bonds Required / See Office for Fees.

WASTEWATER

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None (No water in building)

Sanitary (Restrooms)

Cafeteria (Cooking done)

Laboratory

Acid Etching

Electroplating, Anodizing Other (explain):

Dental Practice

Washing/Rinsing of Equipment

Food Processing or Packaging

Photographic Process

Print Shop

Machine Shop

Retail/Wholesale Parts/Auto Sales

Gas Station

Auto Repair/Maintenance

Steam Cleaning

Warehouse

Car/Truck Wash

Body Repair/Painting

F gnet lkg'y cugy cvgt 'I gpgt cvpi 'rt qegugu'ej genf 'cdqyg' *cwej 'cf f lskpencilj gg'v'u' hlpgeguet { } <

Chemical(s) fuel(s) used or stored at your facility. Check all that apply and list specific types (attach separate sheet(s) if necessary):

None Hot Tank Chemicals Gasoline
Solvents Oil/Grease Detergents
Acid/Bases Other – (Explain) _____

Container Type(s): Drums Tanks Bottles Other
Material Type(s): Waste Pure Product
Disposal Method (If waste hauler, give name): _____

If your business is a restaurant, indicate wastewater generating activities (check all that apply):

Dishwasher Soup Vat Pot Sink(s)
Garbage Can Cleaning Grill Hood Cleaning Floor Drains / Floor
Garbage Disposal/Grinder Bar / Cocktail Sinks Lounge / Sink(s)
Vegetable Sinks Other – (Explain): _____

Do you have a In-Ground Sand/Oil and /or Grease Interceptor, (IGSOGI)? Yes No

IGSOGI Size/Capacity (Gallons): _____
IGSOGI Located where? _____

Do you have an Amalgam Separator (AS) installed? Yes No

As Located where? _____ Make/Model#: _____
Frequency & type of maintenance: _____ No of Chairs Connected: _____

Home Occupation Certification: I, _____, certify there are no CC&R's that prohibit me from using my residence for a home occupation.

I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of my license. I also understand that the City Licensee Officer may require additional information as permitted by the ordinance, and agree to supply the same as part of this application. I agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business. It is a Class "B" Misdemeanor to own or operate a business in Cedar City without a license. I further understand that the City may release name, address and phone number of business, owner's name, and nature of business. All other information is confidential.

Date _____ Signed by _____
Applicant Agent

MAKE CHECKS PAYABLE TO CEDAR CITY CORPORATION Business License Renewals shall be due annually on January 1st of each year. If paid after January 15th a late penalty of 50% of the amount of the fee shall be added to the original amount due. If paid after February 15th, the fee shall be doubled.

For Official Use Only

() Minor Home Occupation Permit
Approvals () Major Home Occupation Permit – Board of Adjustment Approval
Building Department _____ Date _____
Fire Department _____ Date _____
WWTP Department _____ Date _____
Health Department _____ Date _____
License Officer _____ Date _____