



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 (\$30.00) \$ _____

--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 LICENSES:

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.

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

For Official Use Only

- Minor Home Occupation Permit
- Major Home Occupation Permit – Board of Adjustment Approval Date

Approvals

Building Department _____ Date _____

Fire Department _____ Date _____

WWTP Department _____ Date _____

Health Department _____ Date _____

License Officer _____ Date _____

MAKE CHECKS PAYABLE TO CEDAR CITY CORPORATION

Business License Renewals shall be due annually on January 1st of each year, if paid after February 15th a late penalty of 50% of the amount of the fee shall be added to the original amount due. If paid after April 1st, the fee shall be doubled.

WASTEWATER

Wastewater Generating Facilities/Processes (Check all that apply):

- None (No water in building)
- Sanitary (Restrooms)
- Cafeteria (Cooking done)
- Laboratory
- Acid Etching
- Electroplating, Anodizing
- Other (explain): _____
- 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

Describe wastewater generating processes checked above (attach additional sheet(s) if necessary):

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
- Solvents
- Acid/Bases
- Hot Tank Chemicals
- Oil/Grease
- Other – (Explain) _____
- Gasoline
- Detergents

Container Type(s): Drums Tanks Bottles Other

Material Type(s): Waste Pure Product

Disposal Method (If waste hauler, give name): _____

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

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

Do you have a sand/oil/grease trap or clarifier? Size:

Located where?: _____

Frequency and type of maintenance: _____
