



# CEDAR CITY

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

[www.cedarcity.org](http://www.cedarcity.org)

RENTAL DWELLING LICENSE # \_\_\_\_\_  
CITY BUSINESS LICENSE # \_\_\_\_\_  
STATE BUSINESS LICENSE # \_\_\_\_\_  
FEDERAL I.D. # \_\_\_\_\_

**LICENSE FEE: \$40**  
(fee in addition to all other Business License Fees)

### SECTION 1: OWNER INFORMATION

NAME OF OWNER\* \_\_\_\_\_  
TYPE OF OWNER  INDIVIDUAL/PROPRIETORSHIP  CORPORATION  LLC  PARTNERSHIP  JOINT STOCK CO.  TRUST   
OWNER PHYSICAL ADDRESS \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_ OTHER PHONE # \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ DOB \_\_\_\_\_

### SECTION 2: LEGAL REPRESENTATIVE OR REGISTERED AGENT INFORMATION

Complete this section if owner is not a Utah resident or you would prefer your agent to be the contact person.

AGENT NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_  
AGENT ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ OTHER PHONE # \_\_\_\_\_

### SECTION 3: CERTIFICATION AND SIGNATURE

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 hereby certify, to the best of my knowledge or belief, that the use and occupancy of the rental dwelling(s) conform to applicable local, state, and federal laws. 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 the name, address, and phone number of the business, the agent's name, and the nature of business. All other information is confidential.

Date \_\_\_\_\_ Signed by \_\_\_\_\_  
Owner Signature Title

\*If the rental will also be used as a short-term rental at any time during the year please provide your State Sales Tax # \_\_\_\_\_.

I understand that receiving a business license for a short-term rental is not an express or implied acknowledgment by the City that the rental dwelling is in conformity with applicable law. I understand I am strictly liable to ensure that the rental is compliance with Utah Code Ann. 10-9a-511.5.

\* "Property Owner" is defined as "An individual, corporation, partnership, association, joint stock company, business trust, or any unincorporated organization that is the owner of a rental dwelling or has a financial interest in the rental dwelling." Each owner must obtain a separate Rental Dwelling License regardless of the percentage of ownership.

### OFFICE USE ONLY

\*\*This Section For Office Use Only \*\* Please continue on page 2

#### 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 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.



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## PROPERTY INFORMATION FORM

### PROPERTY INFORMATION

**Local Agent/Manager Information** (a local agent/manager must reside within 30 miles of the rental dwelling)

Property Name (if applicable) \_\_\_\_\_

Manager Name \_\_\_\_\_ Business Phone # \_\_\_\_\_

Manager Address \_\_\_\_\_ Email: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Other Phone # \_\_\_\_\_

### LIABILITY INSURANCE INFORMATION

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### INDIVIDUAL BUILDING INFORMATION

Building Name #/Letter	Address	Total # of Units	# of Bedrooms per Unit	# of (9'x18') Parking Stalls per Building	# of Tenants with a Vehicle per Building	Does rental meet the requirements of 26-V-2 (Y/N)	Occupancy Type <sup>1</sup>	Dwelling Type <sup>2</sup>

<sup>1</sup> Singles, Family, or Both

<sup>2</sup> Condo, Duplex, Triplex, Fourplex, Single Family Dwelling/Twin home, or Apartment (5 or more units)

If owner has more than 10 buildings, please attach additional Property Information Forms (complete building information only).

Property Owner Notes or Explanations: \_\_\_\_\_

### OFFICE USE ONLY

Building/Zoning Official Approval \_\_\_\_\_ Date \_\_\_\_\_

Comments or Conditions \_\_\_\_\_ Zone \_\_\_\_\_



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## PROPERTY INFORMATION FORM

One Form Must be Completed for Each Property Location

I, \_\_\_\_\_ to the best of my knowledge and belief, certify:  
(print name)

*(initial each statement to acknowledge compliance)*

\_\_\_\_\_ that the use and occupancy of the rental dwelling(s) conforms to applicable local, state, and federal laws.

\_\_\_\_\_ that the use and occupancy of the rental dwelling shall contain no more than four (4) unrelated persons per unit, except for apartments (5 or more units per building).

\_\_\_\_\_ that per Cedar City Ordinance Chapter 26 Section V (<https://www.cedarcity.org/6/ordinances>), the property contains an adequate amount of off-street parking.

\_\_\_\_\_ that I will keep and maintain all fire lanes free from unlawful parking and obstructions.

\_\_\_\_\_ that I will comply with all applicable laws and ordinances.

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Date \_\_\_\_\_ Signed by \_\_\_\_\_