



# 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

\* **"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.

### 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 \_\_\_\_\_ Fax # \_\_\_\_\_

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

### LIABILITY INSURANCE INFORMATION

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

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

### COMPLEX INFORMATION

Number of Buildings at Legal Address \_\_\_\_\_

Rental Dwelling Type

Occupancy Type:

( ) Singles ( ) Family ( ) Both

( ) Condo ( ) Duplex ( ) Triplex ( ) Fourplex ( ) Internal Accessory Dwelling

( ) Single Family Dwelling ( ) Apartment (5 or more units)

### INDIVIDUAL BUILDING INFORMATION

Building Name #/Letter	Address	Total Number of Units	Number of Bedrooms per Unit	Number of (9'x18') Parking Stalls per Building	Number of Tenants with a Vehicle per Building	Does the rental comply with the parking requirements of 26-V-2 (Y/N)

If a complex 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; or the applicant may elect, if their rental is located in the R-2-2, R-3-M or SHD zones, to rent to no more than one (1) person per bedroom.
- \_\_\_\_\_ 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.
- \_\_\_\_\_ that for an internal accessory dwelling unit only, the rental dwelling contains the owner of record and their family plus no more than four (4) unrelated persons.
- \_\_\_\_\_ that for an internal accessory dwelling unit only, this rental is located within my primary dwelling.
- \_\_\_\_\_ that if a building conversion occurred that required a building permit, the conversion was approved by the Cedar City Building Department.

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