



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
- () Major Home Occupation Permit – Board of Adjustment Approval

Approvals

Building Department _____ Date _____
Fire Department _____ Date _____
WWTP Department _____ Date _____
Health Department _____ Date _____
License Officer _____ Date _____