



118 Lion Blvd PO Box 187 Springdale UT 84767 435-772-3434 fax 435-772-3952

APPLICATION FOR BUSINESS LICENSE

FOR OFFICIAL USE ONLY	File # _____
Brief Description of Business _____	
Application Date: _____ Completed File Date: _____ Review Date: _____	
Notes: _____	
Authorization: _____ Revised 06/06	

APPLICANT FOR:

Beer License, Off Premise (\$50) <input type="checkbox"/>		Renew License #: _____ <input type="checkbox"/>
Beer License, On Premise (\$100) <input type="checkbox"/>		New License <input type="checkbox"/>
Beer License, On Premise Draft (\$250) <input type="checkbox"/>		Non-Profit <input type="checkbox"/>
Beer License, Off/On Premise (\$300) <input type="checkbox"/>		Business License, Commercial (\$100) <input type="checkbox"/>
Restaurant Limited, Wine/Beer (\$150) <input type="checkbox"/>		Additional Use, Commercial (\$20 ea.) <input type="checkbox"/>
Restaurant Liquor (\$400) <input type="checkbox"/>		Additional Use, Tubing (\$50) <input type="checkbox"/>
Brewery/Brewpub (\$300) <input type="checkbox"/>		Business License, Home Based (\$50) <input type="checkbox"/>
Private Club (\$400) <input type="checkbox"/>		Additional Use, Home Based (\$10) <input type="checkbox"/>
Tavern (\$400) <input type="checkbox"/>		

APPLICANT INFORMATION:

Name: _____
 (If business is other than sole proprietorship, attach a list including the name, address, and phone number of each owner.)
 Type of Organization Sole Proprietorship Corporation (list officers) 501(c) 3
 LLC (list officers) Ltd Partnership
 Business/Organization _____
 Street Address: _____
 Mailing Address: _____
 Email Address: _____
 Phones (Business) _____ (Cell) _____ (Fax) _____ (Home) _____
 Federal Tax ID # or SS#: _____

(see other side)

State Sales Tax #: _____

Professional License # & Date of Issuance & Expiration: _____
(if applicable, attach copies of same)

Manager Name(s): _____

Phone Number(s): _____

NATURE OF BUSINESS: Please check or complete information for all that apply.

Commercial Business:

- _____ Transient Lodging (motel, bed & breakfast, hotel, campground)
- _____ Restaurant (full service, coffee shop, deli, etc.)
- _____ Retail Shop (gift shop, gallery, souvenir shop, market, etc.)
- _____ Service (gas station, rentals, guiding, touring, tube rental, professional services, etc.)
- _____ Other (please specify) _____

Home-Based Business:

- _____ Contractors (builders, draftsman, etc.)
- _____ Creative Endeavors (artists, manufacturer, etc.)
- _____ Services (mobile response services, professional services, etc.)
- _____ Other (please specify) _____

If your business or building is leased, please list the name, address and phone number of the property owner.

In what zone is your business located? _____

What is the square footage of the building? _____

What is the square footage of the "business" space? _____

Number of parking spaces required for your business? _____

I hereby certify that the statements contained herein are true and accurate to the best of my knowledge.

Signature _____ Date _____

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Building Inspector _____

Fire Marshal _____

Water/Sewer Inspector _____

Health Department _____

Criminal Background Check (if required) _____

Planning and Zoning _____

Other _____