

APPLICATION RECEIVED: \_\_\_\_\_  
 FEE PAID: \_\_\_\_\_  
 APPROVED: \_\_\_\_\_  
 LICENSE #: \_\_\_\_\_


## TOWN OF SPRINGDALE BUSINESS LICENSE APPLICATION

118 Lion Blvd · PO Box 187 · Springdale UT 84767 · (435) 772-3434

PART A: BUSINESS INFORMATION – All information provided in this section is considered public		
LEGAL NAME OF BUSINESS:	APPLICATION FOR: <input type="checkbox"/> NEW BUSINESS <input type="checkbox"/> ADDITION/UPDATE TO EXISTING BUSINESS	
DOING BUSINESS AS (IF DIFFERENT FROM LEGAL BUSINESS NAME):		
TYPE OF LICENSE: <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> HOME-BASED <input type="checkbox"/> NON-PROFIT 501 (C)	OWNERSHIP TYPE: <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETORSHIP	
ADDRESS AT WHICH BUSINESS WILL BE CONDUCTED:	BUSINESS MAILING ADDRESS:	BUSINESS PHONE:
BUSINESS EMAIL:	BUSINESS WEBSITE:	
BRIEF DESCRIPTION OF BUSINESS:		
PART B: OWNERSHIP & OPERATION		
NAME OF PRINCIPAL OWNER:	PRINCIPAL OWNER CELL PHONE:	
PRINCIPAL OWNER MAILING ADDRESS:	PRINCIPAL OWNER EMAIL:	
PRIMARY CONTACT NAME & TITLE (PLEASE LIST AN ON-SITE AGENT OR THE AGENT RESPONSIBLE FOR BUSINESS OPERATIONS):		
PRIMARY CONTACT CELL:	PRIMARY CONTACT EMAIL ADDRESS:	
PART C: ADDITIONAL BUSINESS & USE INFORMATION		
CONSIDER THE WAY(S) YOU WILL USE THE BUSINESS SPACE AND LIST SQUARE FOOTAGE FOR EACH:	DATE OF COMMENCING BUSINESS IN THE TOWN OF SPRINGDALE:	ZONE:
OFFICE SPACE SQUARE FOOTAGE:	FEDERAL TAX ID:	STATE SALES TAX ID:
RETAIL SQUARE FOOTAGE:	# OF EMPLOYEE PARKING SPACES	# OF PATRON PARKING SPACES
DINING (INTERIOR & EXTERIOR TOTAL) SQUARE FOOTAGE:	DO YOU OWN OR WILL YOU LEASE THE BUSINESS SPACE?	
LIST OTHER USES OF THE BUSINESS SPACE AND INDICATE SQUARE FOOTAGE:	<input type="checkbox"/> OWN <input type="checkbox"/> LEASE - LIST LANDLORD NAME AND PHONE: _____	
COMMERCIAL BUSINESS LICENSE TYPE (CHECK ALL THAT APPLY):	HOME-BASED BUSINESSES – ATTESTATION FOR FEE EXEMPTION	
LODGING (CHECK TYPE AND LIST NUMBER OF UNITS); <input type="checkbox"/> HOTEL/MOTEL <input type="checkbox"/> BED & BREAKFAST <input type="checkbox"/> NIGHTLY RENTAL <input type="checkbox"/> HOSTEL  PLEASE LIST TOTAL NUMBER OF UNITS: _____  RESTAURANT: <input type="checkbox"/> FOOD ONLY <input type="checkbox"/> FOOD + BEER/WINE ONLY <input type="checkbox"/> FOOD + BEER/WINE/LIQUOR  RETAIL: <input type="checkbox"/> GIFTS/SOUVENIERS <input type="checkbox"/> GALLERY <input type="checkbox"/> MARKET <input type="checkbox"/> CLASS 1 OFF PREMISE BEER SALES  SERVICE: <input type="checkbox"/> GAS STATION/C-STORE <input type="checkbox"/> RENTALS - SPECIFY: _____ <input type="checkbox"/> GUIDED TOURS <input type="checkbox"/> PARKING LOT  PROFESSIONAL SERVICE: <input type="checkbox"/> LICENSED MASSAGE THERAPY <input type="checkbox"/> SPA  OTHER BUSINESS TYPE: <input type="checkbox"/> SPECIFY _____	Springdale Town Code 3-1-7C states that a license fee is not required for a license to operate a home-based business unless the combined offsite impact of the home-based business and the primary residential use materially exceeds the offsite impact of the primary residential use alone.  <input type="checkbox"/> I am claiming exemption from the license fee for my home-based business and I affirm that my business will have no material offsite impact in addition to the impacts of the primary residential use.  _____ (INITIALS)	

**PART D: BUSINESS LICENSE FEES WORKSHEET**

BASE COMMERCIAL BUSINESS LICENSE FEE: (\$100.00) \$ \_\_\_\_\_

ADDITIONAL USE: (\$20 EACH) \$ \_\_\_\_\_

HOME OCCUPATION BUSINESS LICENSE (\$0): \$ \_\_\_\_\_

RETAIL ALCOHOL LOCAL LICENSES IN CONJUNCTION WITH DABC: (\$300) \$ \_\_\_\_\_

CHECK ONE:

- RESTAURANT – BEER ONLY     RESTAURANT LIMITED     RESTAURANT FULL
- TAVERN     BANQUET & CATERING     OFF PREMISE BEER     PACKAGE AGENCY
- OTHER DABC LICENSE: \_\_\_\_\_

TOTAL FEE OWED:

**PART E: AGREEMENT & AUTHORIZATION**

\_\_\_\_\_ (INITIAL) I understand that falsifying any information on this application constitutes sufficient cause for rejection of application or revocation of existing license. I also understand that the business licensing official may require additional documentation as permitted by the ordinance, and also agree to supply the same as part of this application.

\_\_\_\_\_ (INITIAL) I understand that this license will expire on JUNE 30 and requires renewal every year on or before JULY 1. FAILURE TO RENEW WILL RESULT IN LATE PENALTIES AND POSSIBLE CITATIONS. CONDUCTING BUSINESS WITHOUT A VALID SPRINGDALE BUSINESS LICENSE IS CLASS B MISDEMEANOR AND PUNISHABLE BY LAW.

AUTHORIZED SIGNATURE:

DATE: \_\_\_\_\_

**FOR OFFICIAL USE ONLY - APPROVALS**

Building Inspector: \_\_\_\_\_  
(Approving Official & Date)

Health Department: \_\_\_\_\_  
(Approving Official & Date)

Fire Marshal: \_\_\_\_\_  
(Approving Official & Date)

Water/Sewer Inspector: \_\_\_\_\_  
(Approving Official & Date)

Planning and Zoning: \_\_\_\_\_  
(Approving Official & Date)

Code Enforcement: \_\_\_\_\_  
(Approving Official & Date)

Criminal Background Check (if required): \_\_\_\_\_  
(Approving Official & Date)

Other: \_\_\_\_\_  
(Approving Official & Date)