

APPLICATION FOR TEMPORARY (3-Day) BUSINESS LICENSE

(License will expire upon date shown below)

City of Holladay

4580 S. 2300 E.
Holladay, Utah 84117
Phone: (801) 527-3890
Fax: (801) 527-3891

Application # _____

Utah State sales tax I.D. number _____ -- _____ --STC

Permitted Event Days _____ through _____ (Expiration Date)

Please Print Clearly & Firmly

Business Name/DBA: _____ Phone: _____

Business Mailing Address: _____

City: _____ Zip _____

E mail: _____

Local Agent/Contact Person: _____ Phone: _____ Fax: _____

Event Location: _____ Holladay, UT Zip: _____

Business Type/Activity: _____

TYPE OF OWNERSHIP

Sole Owner: Name: _____

Partnership: Name(s) of General Partners: _____

Corporation: Name of Principal Officer: _____

Name of Corporation: _____

Other: Describe: _____

Address of Owner(s)/Partner/Principal Officer: _____ City: _____ Zip: _____

Federal EIN # _____ Utah State Entity (optional) _____

It is unlawful to operate a business without a current license (Holladay Municipal Ordinance Section 5.606.020). Failure to obtain a business license prior to opening such business will result in a penalty being assessed (Holladay Municipal Ordinance Section 5.06.100).

It is the responsibility of the Licensee to be familiar with the ordinances under which this license is applied, and applicant hereby agrees to conduct said business strictly in accordance with the Laws and Ordinances covering such business

All applications of business license are to be renewed yearly, on the anniversary date of original issue. Licenses renewed 30 days after the anniversary date of original issue will be assessed a penalty.

As per Holladay Municipal Code or Ordinance, Section 5.06.100, responsibility of renewal is totally the responsibility of the Licensee. Failure to receive a renewal notice does not excuse this responsibility.

Signature: _____ Print Name _____ Date: _____

Office Use Only

No. of Employee(s) _____ @ \$6.00 = _____

Basic License: \$ _____

Employee(s): \$ _____

Regulatory: \$ _____

Vehicles: \$ _____

Sub-Total: \$ _____

Credit: \$ _____

Penalty: \$ _____

Zoning: \$ _____

Total \$ _____

Regulatory Fees:

Code	Description	Units	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ncsalpha #: _____

Parcel ID #: _____

Zone _____

Approving Signature _____

Comments:

- Zoning
- Fire
- DBA
- Sheriff
- Tax Coded
- Heath
- _____