

HUNTINGTON CITY
APPLICATION FOR BUSINESS LICENSE
PO BOX 126*HUNTINGTON UTAH 84528*435-687-2436* e-mail huntington.utah@gmail.com
ZONING ADMINISTER - GARY ARRINGTON 435-650-1011

*0-mailed to
CC + H.D.*

Name of Business: Revival Health and Wellness
Business Mailing Address: P.O. Box 83 Street Address: 720 N. 400 E.
Cleveland, UT 84518 Huntington, UT 84528
Description of Business: Nutritional IV infusion and vitamin injection
mobile clinic
Business Phone No. 435-609-9089 E-mail: revivalhealthandwellnessutah@gmail.com
State Sales Tax # 93-3560524 Business entity # 13VNS250-0160
Utah State License# _____ Expiration Date 09/30/2024
(if applicable) _____ Expiration Date _____
Utah State Beer License# _____
(if applicable) _____
Utah State Contractor's License # _____ Classification(s) _____

- ➡ Submit application allowing up to 30 days for processing.
- ➡ All applications must be approved by the Zoning Administer
- ➡ When completed, this application will be placed on the City Council agenda; please attend to present your business for City Council approval.
- ➡ This form is an application for a business license. The actual license will be issued only when all requirements are satisfied and payment is made in full. All information must be accurately completed or the issuance of a license will be delayed. It is a Class B Misdemeanor to own or operate a business in Huntington City without a business license.
- ➡ Business License Renewals shall be annually on the 1st of December each year. If the fee is not paid by January 15th, a 20% penalty will be assessed, if not paid by February 15th a 50% fee will be assessed to the outstanding balance. Business licenses unpaid as of March 1st will become null and void. A new application must then be resubmitted along with payment for all delinquent fees.
- ➡ Business must be in compliance with all City and State Ordinances to retain and renew license.
- ➡ By signing this application, you are authorizing Huntington City to forward this business license application to Southeastern Utah Health Department.

I, (we) Katie Sittered hereby agree to conduct said business strictly in accordance with the laws and ordinances covering such business and swear under penalty of law the information contained herein is true.

Katie Sittered
Applicant Signature

10-11-23
Date

Applicant Signature

Date