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CC & HD

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

Name of Business: ICM Solutions, LLC

Business Mailing Address: 4901W 2100S **Street Address:** 765 NORTH 40 EAST

Salt Lake City, UT 84120 Huntington, UT 84528

Description of Business: Sales and rental of crushing, screening and conveying equipment.

Business Phone No. (385) 257-7531 **E-mail:** abrahams@campbellcompanies.com

State Sales Tax # 14874835-004-STC **Business entity #** 11057021-0160

Utah State License#
(if applicable) _____ **Expiration Date** _____

Utah State Beer License#
(if applicable) _____ **Expiration Date** _____

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) ICM Solutions, LLC 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.



Applicant Signature

01/10/2024

Date

Applicant Signature

Date

3620

HUNTINGTON CITY
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Name of Business:

Nessa's Floral & Bakery

Business Mailing Address:

P.O. Box 463
Huntington, UT 84528

Street Address:

735 N. 400 E.
Huntington, UT 84528

Description of Business:

Business Phone No. 435-687-2244

E-mail: Janessalynnmann@gmail.com

State Sales Tax # 15888178-002-STC

Business entity # 13746528-0160

Utah State License#
(if applicable)

Expiration Date

Utah State Beer License#
(if applicable)

Expiration Date

Utah State Contractor's License #

Classification(s)

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- 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) Janessa Mann 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.

Applicant Signature

Janessa Mann

1/8/24

Date

Applicant Signature

Date

1-3-24
E-mailed to
CL & AD

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ZONING ADMINISTER - GARY ARRINGTON 435-650-1011

Name of Business: Taileigh M ~~Reagan~~ Guymon

Business Mailing Address: 110 W Center Street Address: 110 W Center
St, Huntington UT St, Huntington, UT

Description of Business: Cosmetology/Salon

Business Phone No. 435-749-9435

E-mail: Taileighg20@gmail.com

State Sales Tax # _____

Business entity # _____

Utah State License#
(if applicable) 11470180-1101

Expiration Date 9/30/2025

Utah State Beer License#
(if applicable) _____

Expiration Date _____

Utah State Contractor's License # _____

Classification(s) _____

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- 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) Taileigh Guymon 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.

Taileigh Guymon
Applicant Signature

01-03-2024
Date

Applicant Signature _____

Date _____