#3639 1-21-25 e-mailed to cc, mayor & 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: Walls Tire and Wheel LLC

Business Mailing Address: PO BOX 130 Huntington Ut. 84528

Street Address: 475 W UT-31 Huntington Ut. 84528

Description of Business: Tire Sales & Repairs

Business Phone No. 435687-8473

E-mail. wallstireandwheel@yahoo.com

State Sales Tax # 12563321-004STC

Business entity # 10387634-0160

Utah State License# (if applicable) _____

Expiration Date 5/31/2025

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) Lynn Sitterud 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 _____ Date 1/17/2025

Applicant Signature _____ Date _____

Owner(s) Name: Lynn Sitterud Home Phone No. 4357490270

Owner(s) Address: 405 N 400 W (If different from above) Huntington City UT. State 84528 Zip

Official Use Only

Type of Business

- [ ] Home
- [ ] Commercial
- [ ] Industrial
- [ ] Door to Door
- [ ] Non – Commercial Premise
- [ ] Trailer Court
- [ ] Business w/Beer Permit

Business Size

- [X] Small
- [ ] Medium
- [ ] Large

License Amount $ _____ *Approved at the* _____ *City Council meeting.*
Date

Zoning Classification _____

_____
Signature - Zoning Administrator

_____
Signature - Mayor

_____
Signature – Southeastern Health Department