

HUNTINGTON CITY
APPLICATION FOR BUSINESS LICENSE
PO BOX 126*HUNTINGTON UTAH 84528*435-687-2436* e-mail huntington.utah@gmail.com
ZONING ADMINISTRATOR – JESSICA LEE (435) 749-9018

Name of Business: DeBugger Pest Control

Business Mailing Address: PO Box 17 Street Address: 170 S Main St
Price UT 84501 Huntington UT 84528

Description of Business: We provide pest control, lawn fertilization, weed control and tree treatments in Carbon and Emery Counties

Business Phone No. 435-630-0653 E-mail: DeBuggerPestControl@outlook.com

State Sales Tax # _____ Business entity # 9197446-010

Utah State License# _____ Expiration Date 12/31/2027
(if applicable) 4000-2115

Utah State Beer License# _____ Expiration Date _____
(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) Tyler Bunn 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.

Tyler Bunn
Applicant Signature

3-11-26
Date

Applicant Signature

Date