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: Emery Emergency Medical Special Service District

Business Mailing Address: P.O. Box 764 Street Address: 360 N. main

Huntington, UT. 84528

Description of Business: Ambulance Services

Business Phone No. 435-687-2591 E-mail: emsoffice@emery.utah.gov.

State Sales Tax # 1221 7964-0025TC Business entity # 0801L

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) EEMSSD 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 8/24/26

Applicant Signature _____ Date _____

Owner(s) Name: Emery County. Home Phone No. _____

Owner(s) Address: _____ _____ _____ _____
(If different from above) City State Zip

Official Use Only

Type of Business

☐ Home ☐ Commercial ☐ Industrial

☐ Door to Door ☐ Non – Commercial Premise ☐ Trailer Court

☐ Business w/Beer Permit

Business Size

○ Small ○ Medium ○ Large

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

Zoning Classification _____

_____ _____
Signature - Zoning Administrator *Signature - Mayor*

_____
Signature – Southeastern Health Department