

HUNTINGTON CITY
APPLICATION FOR BUSINESS LICENSE
PO BOX 126*HUNTINGTON UTAH 84528*435-687-2436*FAX 435-687-2267

Name of Business: Hernandez Estates
Business Mailing Address: PO Box 733 Business Street Address: 139 E. Center
Huntington, Ut Huntington, Ut
Business Phone No. 435-609-0807 Fax No. _____
State Sales Tax # _____
Utah State License# (if applicable) _____ Expiration Date _____
Utah State Contractor's License # _____ Classification(s) _____
Owner(s) Name: Michelle Ward / Carlos Hernandez Home Phone No. _____
Owner(s) Address: _____ City _____ State _____ Zip _____
(If different from above)

- 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 this form is completed, submitted or payment and meets all requirements. 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 10% penalty will be assessed. 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.

I, (We) Michelle / Carlos 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.

Michelle Ward
Applicant Signature

1-19-16
Date

Applicant Signature

Date

Official Use Only

License No _____

Date Issued _____

License Amount \$ _____

Approved at the _____ City Council meeting.
Date

Mayors Signature

24. Brief Description of Project:
 mobil home park / RV
~~merchandising of home interior products from home.~~

25. Justification (Explain why this project is needed):

26. Names and Addresses of Adjoining Property Owners, Lessees, Etc.:

NAME	ADDRESS (City, ST, Zip)	TELEPHONE
1		() ()
2		() ()
3		() ()
27. Estimated Starting Date:	28. Estimated Completion Date:	29. Has CVSSD Sewer and Water Survey Been Submitted? Y N

Michelle Reed
 Signature of Property Owner

Jan 19, 2016
 Date

 Please Print Name Title

Office Use Only

Recommendation of Planning and Zoning Administrator (Community Director):

- Approve
- Decline

Comments:

Signature: *[Signature]*
 Zoning Administrator

Date: *1/19/16*

- Requires:
- Building Permit
 - Conditional Use Permit
 - Code Amendment
 - Board of Adjustments Variance
 - Flood Plain Development Permit
 - Other: _____