

HUNTINGTON CITY
APPLICATION FOR BUSINESS LICENSE
PO BOX 126*HUNTINGTON UTAH 84528*435-687-2436*FAX 435-687-2267
GARY ARRINGTON 435-650-1011

Name of Business: Mountain Creek Landscapes
Business Mailing Address: PO Box 1008 Business Street Address: 185 W 100 SD

Description of Business: Landscaping, Delivery of Rock, Gravel, Top Soil

Business Phone No. 435 970-8066 Fax No. _____

State Sales Tax # _____

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.

I, (We) Gary Macdonell 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.

Gary Macdonell
Applicant Signature

10-8-19
Date

Applicant Signature

Date

HUNTINGTON CITY
APPLICATION FOR BUSINESS LICENSE

PO BOX 126*HUNTINGTON UTAH 84528*435-687-2436*FAX 435-687-2267

Lisa Brower GARY ARRINGTON 435-650-1011

Name of Business: Enliven Within

Business Mailing Address: P.O. Box 456

Business Street Address: 540 N. 550 W.

Huntington, UT

Huntington, UT

Description of Business: Foot Zone Therapy, Body Talk Therapy

Business Phone No. 435-749-7238

Fax No. _____

State Sales Tax # _____

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.

I, (We) Lisa Brower 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.

Lisa Brower
Applicant Signature

10-2-19
Date

Applicant Signature

Date