



BUSINESS LICENSE APPLICATION

Please submit the completed form and all applicable attachments to the Ferron City Hall at PO Box 820, 20 East Main Street, Ferron, UT 84523.

PLEASE TYPE OR PRINT LEGIBLY

Business Information			
Status: ☒ New Business ☐ Location Change ☐ Name Change			
Ownership Change ☐ Renewal ☐			
Business Name: The Segoe Lily Home AirBnB			
Owner's Name: Heather Behling			
Manager's Name:			
Business Street Address and PO Box: 160 S. Bowden Ln. PO Box 572			
City: Ferron	State: UT	Zip: 84523	Zone:
Business Telephone: 435-749-2226	Fax:	E-mail heabeh@live.com	
Type of Organization: ☒ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC			
Type of Business: ☒ Commercial Wholesale ☐ Commercial Retail ☐ Construction / Contractor ☐ Services ☒ Short-Term Rental ☐ Restaurant/Fast Food ☐ Sexually Oriented			
Opening Date: Oct. 1, 2021	Business Hours: All hours.	Days of Week: Sun. - Sat.	
Detailed Description of Business Activity: Short-term rental to guests making reservations through an established AirBnB account.			
APPROVALS: (Please sign and date)		Office Use Only	
License Administrator _____		FIRE CHIEF _____	
Planning Commission _____		HEALTH DEPT. _____	
Building Inspector _____		Other _____	
		LICENSE # _____	
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Business Tax Information

State Sales Tax ID:	Federal Tax ID:
State License Type:	State License No. (Attach Copy if applicable)
Beer License Needed ☐ No ☐ Yes If yes check the following: ☐ Class A ☐ Class B ☐ Class C	
Background Check ☐ No ☐ Yes (If yes, please sign consent or attach proof)	Bond ☐ No ☐ Yes (If yes, please attach proof)

Owner Information

Owner's Name: <u>Heather M. Behling</u>			
Owner's Street Address and PO Box: <u>160 S. Bowden Ln. PO Box 572</u>			
City: <u>Ferron</u>	State: <u>UT</u>	Zip Code: <u>84523</u>	Phone: <u>435-749-2226</u>
E-mail: <u>heather@live.com</u>		Other Contact info: <u>Josh Nattress 801-641-0568</u>	

Manager Information

Manager's Name: <u>Same</u>			
Manager's Street Address and PO Box:			
City:	State:	Zip Code:	Phone:
E-mail:		Other Contact info:	

Corporations, Partnerships or LLC Please complete this section

List all Officers & Titles:	Home Address:	Home Phone:

I understand that completion of this application does not constitute the approval to operate a business. I agree to conduct said business in accordance with all state and local laws and swear under penalty of law that the information contained in this application is true and correct.

Signature of Owner _____ Date _____

Please Print Name _____ Title _____

Please allow at least 10 business days to process the application