LEWISTON UTAH'S NORTH COUNTRY

# LEWISTON CITY CORPORATION

LEWISTON, UTAH 84320



## GENERAL LICENSING REQUIRMENTS

- Lewiston City requires licensing of all businesses which engage in any activity resulting in compensation or other consideration derived from carrying on any business, trade, profession, craft, occupation, commerce or sales of tangible personal property or services or both.
- All applicable City, County, State, and Federal laws must be complied with concurrently while licensed in Lewiston City. Certain types of occupations and professions require state regulatory licenses in addition to the local business license.
- There may be a separate fee assessed if it becomes necessary for you to apply for a Conditional Use Permit. Site Development and Landscaping may be conditions of your Conditional Use Permit.
- If you are operating the business from a non-residential site in Lewiston, you may be required to have a Fire Department and/or Building Inspector inspect your site. Home occupations involving child care and pre-school will requirea Fire Department self-inspection. Random fire inspections may be conducted, unannounced, by the local fire department or city building inspector.

- **Acquire State Tax Commission numbers.** Businesses must obtain a Sales & Use Tax number to collect and remit state taxes on rental or retail sale items, taxable services and various out-of-state purchases. Businesses which have employees require these numbers. Contact the Utah State Tax Commission at 1-800-662-4335 for assistance. If required for your business operation, these numbers must be on the business license application when submitted.
- **Register your business name.** Each business name or DBA (Doing Business As) name must be registered. A sole proprietor using only his or her legal personal name is exempt from registration. Contact the Utah Division of Corporations and Commercial Code at 1-800-526-3994.
- **Streamlining the registration process.** One Stop Business Registration can be found at http://www.business.utah.gov/registration . By using this system, you will be able to connect with the Utah Department of Commerce, the Utah Department of Workforce Services and the Utah Department of Environmental Quality.

801
297
2206

VOICE (435) 258-2141 [redacted]
29 SOUTH MAIN P.O. BOX 36
[redacted]
www.lewiston-ut.org

LEWISTON CITY CORPORATION
29 SOUTH MAIN
LEWISTON, UT 84320

APPLICATION FOR HOME BUSINESS LICENSE

Circle One

(New Application) Renewal

Please complete entire application, incomplete applications will not be processed. For renewal, licenses will be signed and issued upon receipt of payment. For new applications, the City Council must approve the application, after which a license fee will be assessed in accordance with current laws ordinances. Once payment has been received, a license will be signed and issued.

Business Name: The Mad Cow Nail Salon

Business Location: 522 N. 400 E. Lewiston, UT 84320

Owner name: Tailer Olsen Phone Number: 801 824 0228 Fax: _____

Describe type of business and service provided:
Nail salon boutique
nails | pedicures | retail

email: Tailerolsen@gmail.com

Do you own or lease? own If yes, a lease agreement from homeowner is required.
Business Classification: Sole Proprietor_____ Corporation_____ Government Agency____ LLC X
Utah Sales Tax No: 15381053-002-STC Original Date:_____ Federal ID:_____ State ID No:_____
DBA No: _____ EIN 87-4628871

**TYPE OF BUSINESS TO BE PERFORMED:** Nail Salon & boutique

Public Access? No____ Yes X If yes, indicate how many customers, children, students, or clients you will be servicing at any one time: 1. Anticipated customers / clients visits per week: 1-25
How many non resident workers at the business at any one time? 0
How many Off-street parking spaces are available for Residents: 5 Customers: 10 Non-resident employees__
Are there truck deliveries to the home? Y (N) If yes, please describe:_____
Do you have a sign for the business? (Y) N If yes, please describe:_____
Are there other home businesses in operation at this location? Y (N) If so, what_____
Year business began: 2022 Hours of operation: 9 am - 10 pm

I certify that all of the above information is true and understand that any false or incomplete information can cause a license to be denied or my existing business to be closed. Further, I agree to abide by all conditions of the Lewiston City business license ordinance.

Date: 1/24/2022 Signature: Tailer Olsen

LEWISTON CITY FIRE DISTRICT
PREMISE FILE INFORMATION
(This page will be forwarded to the 911 Dispatch Center)

Date 1/24/2022

Business Name The Mad cow Nail Salon

Business Address 522 N. 400 E, Lewiston, Utah 84320

Phone Number 801.824.0228

Owner Name Tailer Olsen

Address 522 N 400 E City Lewiston State UT Zip 84320

Phone Number 801.824.0228 Date of Birth (mmddyyyy) 10/28/1988

Alternate Contact #1: Name Brian Olsen

Address 522 N. 400 E City Lewiston State UT Zip 84320

Phone Number 801.698.9479 Date of Birth (mmddyyyy) 3/20/1987

Alternate Contact #2: Name _____

Address _____ City _____ State ____ Zip _____

Phone Number _____ Date of Birth (mmddyyyy) _____

Alarm Company (if used) _____

Phone Number _____

CACHE COUNTY

*Office of the County Assessor*

179 NORTH MAIN • SUITE 205
LOGAN, UTAH 84321
(435) 716-7100 • Fax (435) 755-2173

KATHLEEN C. HOWELL

Dear Business Owner:

In an effort to update and maintain our records, please take a moment to answer the following questions:

Full Business Name: The Mad Cow Nail Salon LLC

Physical Location of Business: 522 N. 400 E Lewiston UT 84320

Mailing Address: 522 N 400 E Lewiston UT 84320

Telephone Number(s): 801 824 0228

Business License Number: _____

Type of Business: (check one) _____Sole Proprietorship _____Partnership _____Corporation

__X__ LLC _____Other

Has business changed ownership in the last year?: YES (NO) (circle one) If Yes, please include new owner's name and address: _____

_____

LEWISTON UTAH'S NORTH COUNTRY

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LEWISTON, UTAH 84320



This form is to be completed by the applicant.
All of the information contained in this report is considered applicable unless otherwise specified.

Business Name: The Mad Cow Nail Salon

Business Address: 522 N. 400 E Lewiston UT 84320

Business Phone Number: 801.824.0228 Date of Inspection: _____

| AREA OF INSPECTION | DETAILS | CONFORMS YES or N/A |
|---|---|---|
| Smoke Detectors | At least one on every level. Tested monthly. Batteries changed two times each year. | Yes |
| Exit Doors/ Hallways | All exit doors are to remain clear and free of obstructions; Boxes, storage, deliveries, etc. | Yes |
| Extinguishers | At least one "2A10BC" extinguisher. Service every year. Permanently mounted in common area of home. | Yes |
| Storage | Storage of combustibles inside of furnace room, around furnace or gas water heater is not permitted (paints, gas, etc) | Yes |
| Electrical concerns | Extension cords shall not be used as permanent wiring for a period exceeding 3 days. Breaker plug strips are allowed. | Yes |
| Breaker panel | Must maintain 36" clearance. Never tape across breakers. | Yes |
| Electrical outlets | Must have approved covers in place. | Yes |
| Address | Must be visible from street & mounted on the home (free from bushes, shrubs, etc) | Yes |
| Space heaters | Keep all combustibles clear | Yes |

I hereby certify that the information above is true and correct to the best of my knowledge.