

HUNTINGTON CITY
APPLICATION FOR BUSINESS LICENSE

PO BOX 126*HUNTINGTON UTAH 84528*435-687-2436* e-mail huntington.utah@gmail.com

ZONING ADMINISTER - GARY ARRINGTON 435-650-1011

10-18-22
e-mailed to
Health Dept
cu

SANDHILL CRANE
Ventures LLC DBA

Name of Business: Harmony Massage & Wellness
Business Mailing Address: 470 N. Main St Street Address: PO Box 211
Orangeville UT 84537 Office

Description of Business: massage therapy
115 N. Main Street Huntington 84527 massage office

Business Phone No. 5089581213 E-mail: harmony massage and wellness@gmail.com

State Sales Tax # _____ Business entity # 1989410

Utah State License# _____ (if applicable) Massage 11710736-4701 Expiration Date 10/31/23 0160

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) Heather Keith - Hornsby 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.

Heather Keith - Hornsby Applicant Signature 10-17-22 Date

Applicant Signature Date