



Date of Application \_\_\_\_\_

License Fee \$50.00  
Application Fee \$25.00  
Total Due \$75.00

147 N 870 WEST, HURRICANE, UTAH 84737  
PHONE: 435-635-2811 FAX: 435-635-2184  
[www.cityofhurricane.com](http://www.cityofhurricane.com)

◆ **BUSINESS LICENSE APPLICATION HOME BED AND BREAKFAST OR RESIDENTIAL HOSTING** ◆

NOTICE: Please complete each statement below. Incomplete applications will not be accepted.

**SECTION A — BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

State Sales Tax Number (if applicable): \_\_\_\_\_ Dept. of Commerce Entity #: \_\_\_\_\_

Professional License # (if applicable): \_\_\_\_\_ Federal Identification #: \_\_\_\_\_

Website: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Business Type (check one): Proprietorship  Partnership  Corporation

**PART B — Residential Hosting or Home Bed and Breakfast Questionnaire**

· Number of parking spaces for owner \_\_\_\_\_ Number of guest parking spaces \_\_\_\_\_

**DIAGRAM OR PHOTOGRAPH OF PARKING FACILITIES MUST BE INCLUDED!**

· Total number of guest rooms \_\_\_\_\_

· Smoke and CO<sub>2</sub> detectors in each guest room? ..... Yes No

· Fire exiting route plan posted in each guest room? ..... Yes No

· Landscaping completed? ..... Yes No

· Will there be a sign on the property for the business? ..... Yes No

· Size and location of sign (maximum allowed 1' X 2') \_\_\_\_\_

**PART C — BUSINESS OWNER INFORMATION**

**If other than sole proprietor, a list of all corporate officers or partners must be included. This list must include name, home address, and phone number.**

Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street Number) (City) (State) (Zip)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Please add any additional owners/partners on a separate piece of paper and attach.**

➤ **This form is an application for a business license. The receipt for payment of license fees thereof does not constitute being approved to operate a business. The actual license will be issued only when all inspections are completed and signed off by the various City departments and approval is given by the Business License Office. To open and/or operate a business without final approval is a Class B Misdemeanor and punishable by law.**

**LIST TWO RESPONSIBLE / AVAILABLE EMERGENCY CONTACTS:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**PART D — HURRICANE VALLEY FIRE DISTRICT**

All businesses licensed in Hurricane City must be in compliance with applicable fire codes and regulations at all times. New businesses may be required to pass a fire inspection prior to issuance of a business license. Fire inspections encompass, but are not limited to: fire equipment such as extinguishers, exits and aisles, electrical equipment, storage, and fire protection systems. Inspections may include additional areas of concern specific to particular business activities and/or locations. The licensing clerk will inform new applicants whether an initial inspection is required.

**Inspection Required. Contact the Fire Dept at 435-635-9562 to schedule a fire inspection.**

**No Inspection required at this time.**

I understand that compliance with applicable fire codes and regulations is required for all businesses licensed in Hurricane City. I understand that a fire inspection of my business may be required in the future and would be conducted by Hurricane Valley Fire District personnel. I understand that failure to comply with applicable fire codes and regulations may be grounds for revocation of my business license.

\_\_\_\_\_  
Applicant's Signature Date

I UNDERSTAND AND AGREE to comply with all regulations of Title 3 Business License Regulations. **I UNDERSTAND that business shall not commence at this location without first obtaining an official copy of the business license**, and that inspections of the City Building, Zoning, Fire Officials, and the County Health Officials must first be completed and the building approved by these officials for business activities.

\_\_\_\_\_  
Applicant's Signature Date

<b>TOTAL FEES</b> \$ _____	Office Use Only	<b>AMOUNT PAID</b> \$ _____
<b>DATE</b> _____	<b>RECEIPT #</b> _____	
<b>CITY LICENSE NUMBER</b> _____		
Home Occupation: yes / no	Zone: _____	Permitted Use: yes / no
Planning Commission Approval Required: yes / no If yes, which approval: site plan / conditional use		
Planning Commission approval date: _____ Zoning approval/date: _____		
New Construction: yes / no	Remodel: yes / no	Building Permit: yes / no
Certificate of Occupancy or Tenant Improvement inspection required: yes / no		