



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

◆ 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 _____ Number of permanent residents _____
DIAGRAM OR PHOTOGRAPH OF PARKING FACILITIES MUST BE INCLUDED!
· Total number of guest rooms _____
· Smoke and CO₂ 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 REPRESENT, COVENANT AND AGREE: (a) that this home is my primary residence and will be occupied by me whenever guests are present, and that I will not rent rooms occupied by me or other family members who occupy the home as their primary residence, (b) to comply with all regulations of Title 3 Business License Regulations, (c) that business shall not commence or be conducted at this location until a business license has been issued by the City of Hurricane, (d) that an inspection must be completed and the building approved by the appropriate Building, Zoning, Fire and Health authorities prior to issuance of a business license, (e) that any misrepresentation contained herein or any violation of any of the foregoing shall constitute grounds for denial or revocation of a business license.

Applicant's Signature

Date

TOTAL FEES	\$ _____	Office Use Only	AMOUNT PAID \$ _____
DATE	_____	RECEIPT #	_____
CITY LICENSE NUMBER	_____		
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			