HOOPER CITY TEMPERATORIE

5580 W. 4600 S. Hooper UT 84315

(801)732-1064 Fax: (801)732-0598 hoopercity@hotmail.com

License No:\_\_\_\_

□ New Business □ Renewal

## **BUSINESS LICENSE APPLICATION**

Date Submitted:

	SECTION I: Bus	siness Information		
Business Name:				
additional, dba Names:				
Business Address:		Business Phone:		
Mailing Address:		Secondary Phone:		
Website:		Email:		
		Would you like to receive information and updates by ema		
ase check one of the following				
□ Auto	Development/Construction	Landscaping	Salon/Tanning	
Child Care	Financial Services	Manufacturing	School/Preschool	
□ Computer/Consulting	□ Florist/Nursery	Photography	□ Other	
	□ Gym/ Spa/ Nutrition	Restaurant/Bakery		
		□ Retail		
		d State Requirements (One Stop Business Registration	n). You may also visit <b>www.utah.gov</b> . len.	
	SECTION II Federal and ined by logging onto osbr.utah.gov ( ce can be reached at (800-662-4335)	<u>d State Requirements</u> (One Stop Business Registration or 2540 Washington Blvd, Ogd	len.	
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## **SECTION IV Business Description**

Commercial Business     Describe Business In Detail (Products, Vehicl	es, Storage, Equipment, Employees, Deliveries, Patrons, etc.)
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Home Business	 	 	
Daycare/Preschool	 	 	

## **APPLICANT'S AGREEMENT**

This form is an application for a business license. The actual license will be issued only when the business is in compliance with all local, state, federal, fire and building codes and all inspections are completed and signed off by the various City departments. Missing or incomplete information on this application may significantly increase approval time.

The above-mentioned information is truthful and correct to the best of my knowledge. I, the undersigned, hereby agree to conduct said business strictly in agreement with all Hooper City laws, code and state requirements for said business, and that no other type of business will be conducted other than what has been listed above. It is the responsibility of the licensee to renew the license, failure to receive notice does not excuse responsibility.

Business Owner Signature:\_\_\_\_

Date:\_\_\_\_\_

## **Business License Fee**

□ Minor Home Business

OFFICE USE ONLY					
***************************************					
Date Approved: Licens	e #:	City Council Date:			
Amount Paid:   Cash  Credit Card  Check#					
- BUILDING DEPARTMENT -					
Health/Fire/Safety Inspection required: $\square$ YES $\square$ NO	If yes, date passed:				
Meets Applicable Codes & Regulations: $\square$ YES $\square$ NO	If yes, date passed:				
Comments:					