

**TEMPORARY BUSINESS
HEBER CITY CORPORATION
BUSINESS LICENSE DIVISION**
75 North Main, Heber City, Utah 84032
(435) 654-4830

BUSINESS LICENSE APPLICATION

Administrative Use Only	
Date of Application	_____
NAICS Code	_____ License # _____
Business Type	_____
License Fee	\$45.00 + 10.00 per day
Fire	\$30.00 Building _____
Class "C" Fireworks	_____
Commercial Liability Insurance	_____
Total	_____

SECTION I: Business Information - *Please type or print*

New Application **Amended Application**

Business Name _____

Business Owner _____ Business Manager _____

Business Location _____ Business Phone No. () _____

Business Fax No. () _____ Business Email _____

Mailing Address _____ Business Start Date _____

Federal License (if any) _____ No. _____ Expires _____

Federal ID: SSN EIN _____ Utah Corporation/LP/LLC or DbA No _____

State Tax: Withholding No. _____ Temporary State Sales Tax No. _____

State License (if any) _____ No. _____ Expires _____

Has the City of Heber ever licensed the applicant(s)/owner(s)? _____ if yes, when? _____

If yes, under what business name(s)?

SECTION II. Check All That Apply	SECTION III: Describe Business
9Sole Proprietorship 9Outside City Limits 9General Partnership 9Home Occupation 9Limited Partnership 9Commercial 9Limited Liability Co. 9Solicitor 9Profit Corp. 9Transient Merchant 9Non-Profit Corp. 9Seasonal 9Employees 9Single Event Approximate No. _____ Date: _____ 9Sexually-oriented Business or Employee	
Below this line is for office use only	

- | | | |
|---|--|---|
| <input type="checkbox"/> Police Department | <input type="checkbox"/> Fire Department | <input type="checkbox"/> Land/Use/Zoning |
| <input type="checkbox"/> Public Works/ Engineering | <input type="checkbox"/> Building Department | <input type="checkbox"/> Data Share |
| <input type="checkbox"/> State Child Care Licensing | <input type="checkbox"/> Wasatch County Health Dept. | <input type="checkbox"/> Business License Dept. |

REVIEWER COMMENTS:

Approved Denied Date _____ Business License Administrator _____

Approved Denied Date _____ Fire Marshall _____

Applicant's Driver's License No.:		Brief Description of Business:	
# of Employees		Are you over age 18? G yes G no	
Dates business will be in operation:			
Has license fee of \$45.00 plus \$10.00 per day been paid? G yes G no		Has application been made within 48 hours of the Event?	
Are restroom facilities for employees provided by another business within 300 feet of your seasonal business? G yes G no Please provide written evidence			
Does the owner of the premises upon which the portable structure is to be placed given his consent for the placement of the structure and approved the type of business to be conducted? G yes G no Please provide written evidence			
Does the temporary structure from which business will be conducted contain at least three walls and a roof having no more than 400 square feet of floor space? G yes G no			
Office Use Only			
Has a Background Investigation been performed? G yes G no		What are the results of the Background Investigation?	
Is the business being conducted in a Commercial Zone? G yes G no			
Commission Review Required? G yes G no	Comments:		
Zoning Administrator Signature:	G Approve G Deny G Hold	Date:	

