



EUREKA CITY CORPORATION

INCORPORATED NOV. 8, 1892

New Business License Application

15 North Church Street, Eureka, Utah 84628
 (435) 433-6915 Fax (435) 433-6891
www.eurekautah.org

For Official Use Only DATE RECEIVED
--

Notice: Home and Temporary Licenses: Please attach a separate, signed and dated letter stating the following information concerning your business: Description and type of business, number of employees estimated, number of patrons visiting the home hourly and daily, hours of operation, number and type of vehicles used in the business, floor area size devoted to business, storage area for materials, any anticipated noise, dust, fumes, vibration, smoke or electrical interference, and any hazardous, flammable or unsafe materials or equipment to be stored at the business.

The application for a business license must be completely filled out and submitted for review. It is **strongly** advised that all business license applications be submitted well in advance of all deadlines. All business licenses must be reviewed and approved by the appropriate City Departments prior to operation of the business. State law requires all business names to be registered with the Utah Department of Commerce.

Applicant's Information			
Name:		Home Phone #	Date of Birth:
Home Address:		City:	State:
Title or Agent (as applicable):		Driver's License #	Zip:
Business Information		Dept. of Commerce ID#	Social Security #:
Business Name:		Business Property Address (if different):	Business Phone #:
Business Mailing Address:			
City:	State:	Zip:	Tax ID #:
Business License Requested			
Please Check One	<input type="checkbox"/> Commercial or Industrial <input type="checkbox"/> Class "A" Beer License (off-premise) <input type="checkbox"/> Temporary Business License	<input type="checkbox"/> Home or Premises Occupation <input type="checkbox"/> Class "B" Beer License (on-premise) <input type="checkbox"/> Other (please explain):	

Type of Business

Description of Business:

If the applicant is not the property owner, the following must be completed:

I _____ the property owner of the above said property, authorize the applicant to conduct the business as described on this application.

Date Signed

Property Owner Signature

Please be aware that you are NOT authorized to operate your business until you have received your business license. The actual license will be issued only when all inspections are received approved, if applicable. All information must be accurately completed or the issuance of the business license will be delayed.

If applicable, state and local statutes require that several agencies inspect your establishment concerning health and safety issues. The inspectors are authorized to inspect for their department or division only. Approval of any one inspector does not constitute approval of your business license. Your license will be issued to you only upon completion and compliance with the entire process.

It is a Class C misdemeanor to own or operate a business in Eureka City without appropriate licensing. Should you choose to operate your business prior to the issuance of a Eureka City Business License, you will be operating in direct violation of the Business License Ordinance and subject to any other civil or criminal penalties as prescribed by law.

I _____ hereby agree to conduct business strictly in accordance with the laws and ordinances of Eureka City Corporation and swear under penalty of law that the information contained herein is true.

Date Signed

Applicant Signature

Sign Permit Information

I _____ owner of _____ business, agree to apply for and obtain a sign permit prior to installation of any signage for the business noted above. I therefore, agree to follow all the provisions of Section 5.8, Street Lighting and Signing, of the Eureka City Zoning Ordinance.

Date Signed

Applicant Signature

FOR OFFICE USE ONLY

Beer License # Beer/Liquor License# Entity/DBA # Perm State Tax#	Federal Tax# Contractor # SIC #
---	---------------------------------------

Land Use Zoning: _____	Comments:
Approval/Date	
Public Health: _____	Comments:
Approval/Date	
Fire Marshall: _____	Comments:
Approval/Date	
Building Inspector: _____	Comments:
Approval/Date	
Clerk: _____	Comments:
Approval/Date	
License Fee: Fee Paid <input type="checkbox"/> Yes <input type="checkbox"/> No	