

Date Received: _____
Date Pd: _____
Amount Pd:
\$ _____
Receipt #: _____

TEMPORARY BUSINESS PERMIT FILLMORE CITY

75 West Center Fillmore, Utah 84631
435-743-5233; Fax 435-743-5195; Website – www.fillmorecity.org

48 HOUR PERMIT - \$45.00

Fee: \$ _____
License #: _____
Zone: _____
CUP #: _____

***Must be filed at least three (3) weeks prior to effective date.**

Your business must be registered with the State of Utah before your application can be processed. Please complete all portions of this application to avoid delay in review and approval. Incomplete applications will be returned to the applicant for completion. Your cooperation and attention to the information contained in this application is appreciated. Your business is an important and welcome part of our community.

Business Name _____ **Business Address** _____

Business Phone _____ **Mailing Address** _____

Owner Name _____ **Owner Address** _____

Driver License # _____ **DOB** _____

Partner/Officer _____ **Address** _____

Driver License # _____ **DOB** _____

Person in Charge _____ **Address** _____

Phone # _____ **Driver License #** _____

Dates business will be conducted _____

Location _____

*****Attach a written signed permission statement of property owner upon whose property the business will be conducted and a site plan showing location on property.**

*****Attach a photocopy of identification.**

Have you or your partner/officers ever been convicted of anything other than a traffic violation? no yes
(If yes, please attached an explanation; falsification of information is a misdemeanor.)

Is business licensed as a: Partnership Corporation Sole Proprietorship Limited Liability

***** Please attach copy of state license or DBA (Doing Business As) registration number*****

List your State License # _____

State Sales Tax # _____

Detailed description of business (be specific) _____

Does your business sell products? Yes No

(Note: If this is a food related business, you must provide a copy of the Health Inspection Certification.)

I, the undersigned, understand and agree to comply with all regulations of Fillmore City Ordinances, Licenses, and Business Regulations. I understand that I shall not begin nor cause to begin a business without first obtaining a business license. Falsification of any information on this form is cause for revocation or denial of the application.

Dated _____ **Signature** _____

The receipt of business license fees does not constitute approval to operate a business.

For Office Use Only

Final Approval/denial by _____

Reason denied _____

Planning Administrator Review for Conditional Use Permit & Approval: _____

Zone business to be located in: _____ Is use allowed? _____

What are parking requirements & are they met? _____

Building Safety/Fire Inspection completed on ____/____/____ by: _____
Inspector