



TOWN OF LEEDS
218 N. Main St, PO Box 460879, Leeds, UT 84746
435.879.2447

FILING FEE: \$65.00 (NON-REFUNDABLE)

Date _____ Ck# _____

Received by _____

Previous License No. _____

License # _____

GENERAL BUSINESS LICENSE APPLICATION AND AGREEMENT OF TERMS

PLEASE REMEMBER THIS IS ONLY AN APPLICATION AND NOT A BUSINESS LICENSE. You will receive your business license from the Town Clerk/Recorder after all necessary information has been provided and is correct and verified.

Please check applicable box: **New** **Renewal** (Must still complete form) **Address change**

Please check if you are NO LONGER IN BUSINESS: **Date Business was discontinued** _____

PLEASE PRINT CLEARLY

Business:

Name: _____

Street Address: _____

Mailing Address: _____

Business Phone: _____ Fax Number: _____

E-mail Address: _____ Website: _____

Owner of Property:

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Applicant:

Name: _____

Street Address: _____

Mailing Address: _____

Home Phone: _____ Cell: _____

E-mail Address: _____



Description of business and what activity will take place: _____

Business is: Corporation Sole Proprietorship Partnership LLC

List all owners other than applicant. If a corporation, partnership, or LLC, list other officers, general partners or members. (*If New Applicant, or if information has changed from previous year, attach copy of Articles of Incorporation or Articles of Organization & Certificate of Registration.)

Date of commencing business in Leeds: _____

Have you registered your business name with the State of Utah? Yes No (*if new applicant, attach copy)

Federal Tax ID: _____ (*If new applicant, attach copy of IRS form SS-4.)

Utah Sales Tax Number: _____ (*If new applicant, attach copy of Sale Tax License from Utah State Tax Commission)

Is this a food or food preparation business? Yes No (If yes, attach a copy of Permit to Operate and / or annual Health Permit from Southwest Utah Public Health Department.)

Is this business required to be licensed by the State? Yes No
If yes, indicate type and number: _____ (Attach Copy of State License)

Average number of employees: _____ **Days & hours of operation:** _____

Do you want your Business listed on the Leeds Town Website? Yes No



NOTICE:

Applicant's signature indicates agreement to conduct the business in compliance with listed uses, Zoning Ordinance and all Ordinances that are applicable to the type of business being conducted. Any operations exceeding or not in compliance with Town of Leeds Ordinances require application for a Conditional Use Permit and said Permit will not be issued without prior recommendation from Planning Commission and approval from Leeds Town Council per the Land Use Ordinance.

FAILURE TO COMPLY WITH THE ABOVE CONDITIONS AND LEEDS ORDINANCES CAN RESULT IN SUSPENSION OR REVOCATION OF YOUR BUSINESS LICENSE AND IS A CLASS "B" MISDEMEANOR.

I HAVE READ AND UNDERSTAND, AM IN COMPLIANCE WITH AND WILL REMAIN IN COMPLIANCE WITH THE CONDITIONS OF THE LAND USE ORDINANCE 2008-04

Print Name _____

Signature of Applicant

Date

I understand that falsifying any information on this form constitutes sufficient cause for rejection or revocation of my business license. I also understand that the Town of Leeds may require additional information as permitted by ordinance, and also agree to supply the requested additional information as part of this form.

Authorized Representative

Signature

Date

"Authorized Representative" shall mean: a) a responsible corporate officer, if the User is a corporation (i.e. a president, secretary-treasurer, or vice-president of the corporation, or the manager of one or more manufacturing, production or operation facilities, with authority to sign documents); b) a general partner or proprietor if the Industrial User is a partnership or proprietorship respectively; or c) a duly authorized representative (written authorization and written change of authorization are required) of the corporation, general partnership or proprietorship.

Applicant's signature indicates agreement to conduct the business in compliance with listed uses, Zoning Ordinance and all Ordinances that are applicable to the type of business being conducted.

BUSINESS LICENSE EXPIRES ON DECEMBER 31st & MUST BE RENEWED ANNUALLY

For Town Use Only

Current Zoning: _____

Clerk / Recorder

Date

**For fire inspection, please contact the Hurricane Valley Fire District at 435-635-9562,
202 East State Street, Hurricane, Utah 84737**