

**Toquerville City**  
**BUSINESS LICENSE APPLICATION**  
 \$50.00 fee



**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Organization Type:** Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Other \_\_\_\_\_

**Name and address of owners, partners, or corporate officers:**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Title/Position</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Tax ID of Subject Property:** \_\_\_\_\_ **Zone District:** \_\_\_\_\_

**Average number of Employees:** \_\_\_\_\_ **Days and Hours of Operation:** \_\_\_\_\_

**Is this a sexually oriented business?** Yes / No

**Contractor License #** \_\_\_\_\_ **Federal Tax ID #** \_\_\_\_\_

**Sales Tax #** \_\_\_\_\_ **Transient Room Tax #** \_\_\_\_\_

\*Please attach copies of State license(s) and proof of tax number(s).

**Would you like your business info listed on the City's website?** Email: Yes / No Website: Yes / No

By submitting a signed application, I certify that the business does not and will not employ, or subcontract with any entity which employs workers in violation of 8 U.S.C. §1324a during the licensing period. By signing, I acknowledge that I have read, understand and agree to comply with the requirements of federal and state law regarding eligibility of workers.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and that the falsification of any information contained herein constitutes sufficient cause for rejection of this application or revocation of any license previously granted by Toquerville City. I understand that additional information may be required and I agree to supply such information as requested. I further understand that this license will expire on December 31<sup>st</sup> and it is my responsibility to renew this license without further notification from Toquerville City.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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(Office Use Only)

City License Officer	Date
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Building Inspector	Date
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Ash Creek Special Service District	Date
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Hurricane Valley Fire District	Date
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Zoning Official	Date
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Payment Date: \_\_\_\_\_ Payment Method: \_\_\_\_\_

Approval Date: \_\_\_\_\_ Business License #: \_\_\_\_\_