Lars of Addression	Date of Application	July 1, 1986
--------------------	---------------------	--------------



City of Hurricane BUSINESS LICENSE APPLICATION

Application Type: Re-Apply

	ΡΛΙ	TA_RIISINE	SS INFORMATION		
Name of Business	Afton Robo	otics, Lin	ited Liabili	ty Company	
Business Phone	(435) 555-8927		Fax Number	(435) 555-89	30
Business Address	521 South 1241 West, Hurricane, UT 84737				
Mailing Address	Mailing Address 521 South 1241 West, Hurricane, UT 84737				
State Sales Tax#			Dept Commerce Entity#		
Professional License#			Federal Identification#		
Description of Business	Robotic re	ental			
Business Type	Sole propri	etorship			
- H-1	PAR	TB-QUESTI	ONNAIRE (General)		
Will there be any built remodeling?	ding or	Yes	Does your busined	ss sell alcohol?	No
Will the business be newly constructed b		No	Does your business sell tobacco products?		No
Commercial License Owner Written Appro		Yes	Does your Business Have an Yearm?		Yes
Are you a Sexually C Business?	priented	No	Business Hours	ess Hours 6 AM - 11 PM	
	PART C-QUEST	TONNAIRE (H	ome Occupation App	olicants Only)	
Will customers visit t	he home?	No	Will parking on roadside be needed? Yes		Yes
Will display or stock be at home?	of merchandise	Will flammable, toxic or poisonous materials be kept at the home?		Yes	
Will employees be at	the house?	No	Will there be any disposal of material Yes		Yes
Any unusual traffic b neighborhood?	e created in	No	What portion of home is to be used 0% for business?		0%

PART D-BUSINESS OWNER INFORMATION				
Owner's Name	William E. Afton	Title	Mr.	
Home Address	521 South 1241 We	est, Hurrican	ne, UT 84737	W T. W
Social Security#		Date of Birth	June 13, 1947	
Home Phone	(435) 555-1242			

Please add additional owners/partners on a separate piece of paper and attach.

Manager	William E. Afton	Title Mr.
Home Address	521 South 1241 West	, Hurricane, UT 84737
Social Security#		Date of Birth June 13, 1947
Home Phone	(435) 555-1242	
-	LIST TWO RESPONSIBLE / AVAIL	ABLE EMERGENCY CONTACTS
Name		Name
Address		Address
Phone		Phone

I understand and agree to comply with all regulations of title 3 business license regulations. I understand that business shall not commence at this location without first obtaining an official copy of the business license, and that inspections of the city building, zoning, fire officials, and the county health officials must first be completed and the building approved by these officials for business activities.

Applicant's Signature Date of Signature July 1, 1986	
--	--