

City of Hurricane BUSINESS LICENSE APPLICATION

Application Type: New Business

	PA	RTA-BUSIA	VESS INFORMATION		<u></u>
Name of Business	Fazbear E	ntertain	ment, Incorpo	orated	
Business Phone	(435) 555-2815		Fax Number		
Business Address	3762 West 400 South, Hurricane, UT 84737				
Mailing Address	3762 West 400 South, Hurricane, UT 84737				
State Sales Tax#			Dept. Commerce Entity#		
Professional License#			Federal Identification#		
Description of Business	Pizza rest	aurant			
Business Type (Corporation	1			
	PAR	TB-QUEST	TONNAIRE (General)	···	11 v
Will there be any building or remodeling?		Yes	Does your business sell alcohol?		No
Will the business be located in a newly constructed building?		No	Does your business self tobacco- products?		No
Commercial License – Property Owner Written Approvat?		Yes	Does your Business Have an Alarm?		Yes
Are you a Sexually Oriented Business?		No	Business Hours	9am - 9	PM
A Committee of the Comm	PART C - QUESTI	ONNAIRE (H	ome Occupation App	olicants Only)	
Will customers visit the home?			Will parking on roadside be needed?		
Will display or stock of merchandise be at home?			Will flammable, toxic or poisonous materials be kept at the home?		
Will employees be at the house?			Will there be any disposal of material into the septic or sewer system?		_
Any unusual traffic be created in neighborhood?			What portion of home is to be used for business?		

PART D-BUSINESS OWNER INFORMATION					
Owner's Name Henry J. Emily	Title	Mr.			
Home Address 331 North 2020 West, Hurricane, UT 84737					
Social Security#	Date of Birth	April 4, 1954			
Home Phone (435) 555-253	12				

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

Manager	Henry J. Emily	Title	Mr.	
Home Address 331 North 2020 West, Hurricane, UT 84737				
Social Security#		Date of Birth	April 4, 1954	
Home Phone	(435) 555-2512			
	LIST TWO RESPONSIBLE / AVAIL	ABLE EMERGENO	CYCONTACTS	
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 January 18, 1978
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SUPPLEMENT OWNERPARTNER INFORMATION				
Owner's Name	William E. Afton	Title	Mr.	
Home Address	521 S 1241 W, Hurricane, UT 84737			
Social Security#		Date of Birth	September 13, 1957	
Home Phone	(435) 555-1242			