

City of Hurricane BUSINESS LICENSE APPLICATION

Application Type: New Business

| | PA | RTA-BUSIA | IESS INFORMATION | | <u> </u> | |
|---|----------------|--|---|------------------|---|--|
| Name of Business | Fazbear E | ntertain | ment, Incorpo | orated | | |
| Business Phone | (435) 555-2815 | | Fax Number | | | |
| Business Address | 3762 West | 400 Sout | h, Hurricane | UT 84737 | | |
| Mailing Address | 3762 West | 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 (| orporation | 1 | | | | |
| | PAR | TB-QUEST | ONNAIRE (General) | ··· | *************************************** | |
| Will there be any building or remodeling? | | Yes | Does your busine | ss sell alcohol? | No | |
| Will the business be located in a newly constructed building? | | No | Does your busined products? | ss sell tobacco | No | |
| Commercial License – Property Owner Written Approval? | | Yes | Does your Busine Atarm? | ss Have an | Yes | |
| Are you a Sexually Oriented Business? | | No | Business Hours | 9am - 9 | PM | |
| | 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 ho for business? | | : | |

| PART D-BUSINESS OWNER INFORMATION | | | | |
|-----------------------------------|---------------|---------------|--|--|
| Owner's Name Henry J. Emily | Title | Mr. | | |
| Home Address 331 North 2020 W | est, Hurrican | e, UT 84737 | | |
| Social Security# | Date of Birth | April 4, 1944 | | |
| Home Phone (435) 555-2512 | | | | |

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

| Manager | Henry J. Emily | Title | Mr. | | |
|---|---|---------------|---------------|--|--|
| Home Address | Home Address 331 North 2020 West, Hurricane, UT 84737 | | | | |
| Social Security# | | Date of Birth | April 4, 1944 | | |
| Home Phone | (435) 555-2512 | | | | |
| LIST TWO RESPONSIBLE / AVAILABLE 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.

| Signature January 18, 1978 | Signature |
|----------------------------|-----------|
|----------------------------|-----------|

| | SUPPLEMENT OWNER | PARTNER INFO | ROWLION | |
|------------------|--------------------|---------------|---------------|----------|
| Owner's Name | William E. Afton | Title | Mr. | <u> </u> |
| Home Address | 521 S 1241 W, Hurr | | | |
| Social Security# | | Date of Birth | June 13, 1947 | |
| Home Phone | (435) 555-1242 | | | |