



Date of Application July 1, 1986

City of Hurricane BUSINESS LICENSE APPLICATION

Application Type: Re-Apply

PART A – BUSINESS INFORMATION			
Name of Business		Afton Robotics, Limited Liability Company	
Business Phone	(435) 555-8927	Fax Number	(435) 555-8930
Business Address		521 South 1241 West, Hurricane, UT 84737	
Mailing Address		521 South 1241 West, Hurricane, UT 84737	
State Sales Tax #	[REDACTED]	Dept Commerce Entity #	[REDACTED]
Professional License #	[REDACTED]	Federal Identification #	[REDACTED]
Description of Business		Robotic rental	
Business Type		Sole proprietorship [REDACTED]	
PART B – QUESTIONNAIRE (General)			
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 sell tobacco products?	No
Commercial License – Property Owner Written Approval?	Yes	Does your Business Have an Alarm?	Yes
Are you a Sexually Oriented Business?	No	Business Hours	6 AM – 11 PM
PART C – QUESTIONNAIRE (Home Occupation Applicants Only)			
Will customers visit the home?	No	Will parking on roadside be needed?	Yes
Will display or stock of merchandise be at home?	No	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 into the septic or sewer system?	Yes
Any unusual traffic be created in neighborhood?	No	What portion of home is to be used for business?	0%

PART D - BUSINESS OWNER INFORMATION	
Owner's Name William E. Afton	Title Mr.
Home Address 521 South 1241 West, Hurricane, UT 84737	
Social Security # [REDACTED]	Date of Birth September 13, 1957
Home Phone (435) 555-1242	[REDACTED]

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 # [REDACTED]	Date of Birth September 13, 1957
Home Phone (435) 555-1242	[REDACTED]
LIST TWO RESPONSIBLE / AVAILABLE EMERGENCY CONTACTS	
Name [REDACTED]	Name [REDACTED]
Address [REDACTED]	Address [REDACTED]
Phone [REDACTED]	Phone [REDACTED]

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 <i>William Afton</i>	Date of Signature July 1, 1986
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