

## City of Hurricane BUSINESS LICENSE APPLICATION

Application Type: New Business

P	ARTA-BUSINE	SS INFORMATION		
Name of Business Afton Ro	botics, Lin	nited Liabili	ty Company	
Business Phone (435) 555	-8927	Fax Number	(435) 555-89	30
Business Address 1452 Eas	t 1241 Nort	th, Hurricane	e, UT 84737	
Mailing Address 1452 Eas	t 1241 Nort	th, Hurricane	, UT 84737	
State Sales Tax#		Dept. Commerce Entity#		
Professional License#		Federal Identification#		
Description of Pizza rea	staurant			
Business Type Sole propr	ietorship			
P/	ARTB-QUESTI	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 Alarm?	ss Have an	Yes
Are you a Sexually Oriented Business?	No	Business Hours	9AM - 9	PPM .
PARTC-QUE	STIONNAIRE (H	ome Occupation App	olicants Only)	
Will customers visit the home?		Will parking on roa	ndside be needed?	
Will display or stock of merchandise be at home?		Will flammable, to materials be kept a		<u>-</u>
Will employees be at the house?		Will there be any d into the septic or s		
Any unusual traffic be created in neighborhood?		What portion of ho for business?	me is to be used	

	PARTD-BUSINE	SS OWNER INFORM	ATION
Owner's Name	William E. Afton	Title	Mr.
Home Address	521 South 1241 W	est, Hurrican	e, UT 84737
Social Security#		Date of Birth	September 13, 1957
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 We	st, Hurrican	e, UT 84737
Social Security#		Date of Birth	September 13, 1957
Home Phone	(435) 555-1242		
	LIST TWO RESPONSIBLE / AV	AILABLE EMERGE	NCY 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.

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