



KANAB
— UTAH —

Date of Application _____

City License Number _____

26 NORTH 100 EAST STREET, KANAB, UTAH 84741
PHONE: 435-644-2534 FAX: 435-644-2536
www.kanab.utah.gov

NEW BUSINESS
NEW OWNER
RE-APPLY

◆ **BUSINESS LICENSE APPLICATION** ◆

NOTICE: Please complete each statement below. Incomplete applications will not be accepted.

SECTION A — BUSINESS INFORMATION

Name of Business: _____

Business Phone: _____ Fax Number: _____

Business Address: _____
(Street Number) (Suite) (City) (State) (Zip)

Mailing Address (if different): _____
(Street Number) (City) (State) (Zip)

State Sales Tax Number (if applicable): _____ State Registration #: _____

Professional License # (if applicable): _____ Federal Identification #: _____

Number of employees: _____

Website: _____ E-Mail Address: _____

Description of Business: _____

Business Type (check one): Proprietorship Partnership Corporation

Will there be any building or remodeling: Yes No Will the business be located in a newly constructed building: Yes No

Commercial License - Property Owner Written Approval: Yes No Are you a Sexually Oriented Business: Yes No

Does your business sell alcohol: Yes No Does your business sell tobacco products: Yes No

Does Your Business Have an Alarm: Yes No Business Hours: _____

PART B — TYPE OF LICENSE APPLYING FOR

- General Business License
- Solicitors
- Mass Gatherings
- Special Sales Events And Promotions
- Non-Profit Special Events
- Beer License
- Seasonal Business

PART C — BUSINESS OWNER INFORMATION

If other than sole proprietor, a list of all corporate officers or partners must be included. This list must include name, home address, and phone number. A background check release form must be filled out for all owners.

Owner's Name: _____ Title: _____

Home Address: _____
(Street Number) (City) (State) (Zip)

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

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

➤ **This form is an application for a business license. The receipt for payment of license fees thereof does not constitute being approved to operate a business. The actual license will be issued only when all inspections are completed and signed off by the various City departments and approval is given by the Business License Office. To open and/or operate a business without final approval is a Class B Misdemeanor and punishable by law.**

Manager (if different): _____

Home Address: _____
(Street Number) (City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ Date of Birth: _____

LIST TWO RESPONSIBLE / AVAILABLE EMERGENCY CONTACTS:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

PART D — KANAB CITY FIRE DEPARTMENT

All businesses licensed in Kanab City must be in compliance with applicable fire codes and regulations at all times. New businesses may be required to pass a fire inspection prior to issuance of a business license. Fire inspections encompass, but are not limited to: fire equipment such as extinguishers, exits and aisles, electrical equipment, storage, and fire protection systems. Inspections may include additional areas of concern specific to particular business activities and/or locations. The licensing clerk will inform new applicants whether an initial inspection is required.

Inspection Required. Contact the Fire Dept at 435-644-2534 to schedule a fire inspection.

No Inspection required at this time.

I understand that compliance with applicable fire codes and regulations is required for all businesses licensed in Kanab City. I understand that a fire inspection of my business may be required in the future and would be conducted by Kanab City Fire Department personnel. I understand that failure to comply with applicable fire codes and regulations may be grounds for revocation of my business license.

Applicant's Signature

Date

I UNDERSTAND AND AGREE to comply with all regulations of Title 9 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, and Fire Officials must first be completed and the building approved by these officials for business activities.

Applicant's Signature

Date

TOTAL FEES \$ _____	Office Use Only	AMOUNT PAID \$ _____
DATE _____		RECEIPT # _____
Planning Commission Approval Required: yes / no If yes, which approval: site plan / conditional use		
Planning Commission approval date: _____		
New Construction: yes / no	Remodel: yes / no	Building Permit: yes / no
Fire Chief Approval _____	Date _____	
Land Use Coordinator _____	Date _____	