

# IVINS CITY

55 N. Main St., Ivins, UT 84738  
435-628-0606 Fax: 435-674-5486  
www.ivins.com

BL # _____
Filing Fee: <b>\$50.00</b>
+ \$25 Fire Inspection
Receipt #: _____
Date: ____/____/201____
Check #: _____ Cash/CC_____

## COMMERCIAL BUSINESS LICENSE APPLICATION

Business Name _____	Business Address _____ Ivins, UT 84738
Federal Tax ID # _____	Mailing Address (if different) _____
Or EIN _____	City _____
State of Utah _____	State, Zip _____
DBA # _____	
If applicable attach copy	
State of Utah issued _____	State of Utah _____
License # _____	Sales Tax # _____
If applicable attach copy	If applicable attach copy

Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ - \_\_\_\_\_ Number of Employees \_\_\_\_\_

This Business is a: **(1)** Corporation **(2)** Limited Liability Company (LLC) **(3)** Partnership **(4)** Sole Proprietor Please circle appropriate selection

If you are not the sole owner give name(s) of other owner(s): \_\_\_\_\_

If Corporation or Partnership, give names of Officers or General Partners: \_\_\_\_\_

Anticipated Date Commencing Business: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Do you want to be listed in the City Business License Directory? Y N

Complete Description of Home Occupation Business: \_\_\_\_\_

Business Owner/ Applicant Name _____	Owner SSN _____ - _____ - _____	Owner Date of Birth _____ <small>Month Day Year</small>
-----------------------------------------	------------------------------------	---------------------------------------------------------------

Owner Residence Street Address _____	Owner Mailing Address _____
-----------------------------------------	--------------------------------

City, State, Zip _____	City, State, Zip _____
------------------------	------------------------

Telephone ( ) _____ - _____ Fax ( ) _____ - _____	Cell # ( ) _____ - _____
---------------------------------------------------	--------------------------

Email Address _____	Locations Business Conducted Other Than Address Above _____
---------------------	----------------------------------------------------------------

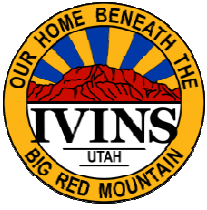
What does this business do? \_\_\_\_\_

Other Information Required by City Staff (identify coin-operated machine or device and location)

**I hereby declare that the foregoing information given on this Commercial Business License Application is true and that falsifying any information constitutes cause for rejection of my license. I further understand that should my business at any time not be in accordance with the ordinances of Ivins City, said license may be revoked. (According to Ivins Municipal Code 5.08.110)**

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 201\_\_\_\_

\_\_\_\_\_  
Applicant/Owner Signature or Registered Agent



## COMMERCIAL BUSINESS LICENSE INSTRUCTIONS

### Building Department:

Submit a floor plan identifying the proposed uses for each area/room. Example: Office, storage, retail sales, etc.  
Submit a copy of any proposed signage.

### Public Safety Department:

Hazardous processes or materials \_\_\_\_\_

Additional Permits required? \_\_\_\_\_ for example: Hazardous materials or food handlers, etc

### Business Licensing Department:

**The following items must accompany your application before approval, if they apply to your application:**

1. IRS issued document showing your EIN, if you are incorporated
2. A copy of your Registration Certificate showing your Entity or DBA Registration number
3. Sales Tax ID Certificate showing your sales tax number, if you are selling a product or service
4. Copy of any State issued license applicable to your business or profession. (For example, Contractor, Real Estate, Insurance, i.e. the state issues a license governing your occupation/business/profession.)