

Midway City Corporation 75 North 100 West Midway, Utah 84049 435-654-3223

Office Use Only		
Date of Application		
Business License #		
Date Approved		
Fee Paid	Date Paid	

APPLICATION FOR A COMMERCIAL BUSINESS LICENSEPlease answer all questions – enter N/A if an item is not applicable

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BUSINESS NAME:	PHONE NUMBER:
BUSINESS ADDRESS:	CITY, STATE, ZIP:
MAILING ADDRESS:	CITY, STATE, ZIP:
E-MAIL ADDRESS:	FAX NUMBER:
TYPE OF BUSINESS (please inclu	ude a description of your business)
BUSINESS OWNER:	PHONE NUMBER:
OWNER ADDRESS:	CITY, STATE, ZIP:
NUMBER OF EMPLOYEES:	(if you are the owner, DO NOT count yourself)
OPENING DATE:	BUSINESS HOURS: from:to:DAYS OF WEEK:
DOES YOUR BUSINESS SELL P	PRODUCTS? (circle one) YES NO STATE SALES TAX NUMBER:
WILL FOOD BE SERVED? (circle	e one) YES NO
WILL YOU BE APPLYING FOR	A BEER/LIQUOR LICENSE? (circle one) YES NO
FOR STATE LICENSED APPLI	ICANTS ONLY: UTAH STATE LICENSE NUMBER
TYPE OF LICENSE	EXPIRATION DATE:
Upon approval of a commercial be failure of the owner and/or operate the time of approval. All licenses January 1 are subject to a 50% late and must reapply. It is also the responsibility of the obusiness. If the business is moving a new business license at the new	be operated in compliance with the Midway City Zoning Ordinance and any conditions set forth. Usiness, a license shall be obtained from the City and the license may be revoked or refused upon or to maintain the business in accordance with the standards and zoning requirements set forth at expire December 31st of each year, renewal fees should be paid by December 31, unpaid fees as of the fee per month. If fees are unpaid after March 1, businesses will be considered out of business owner of the license to notify the City Office if they change their mailing address or close their go to a new location, the current business license will not be transferred. The business must apply for location and all inspections must be completed. All previous signage must be re-approved for the transferred.
I have read the attached zoning in Business.	formation and certify that I am in compliance with the ordinance in operating a Commercial
APPLICANT SIGNATURE	DATE
ALL APPLICAL	BLE SIGNATURES MUST BE OBTAINED BEFORE A LICENSE IS ISSUED
City Planner:	Building Inspector:
Fire Marshall:	Health Department:
VAC:	
Conditions of approval	