



PANGUITCH CITY BUSINESS LICENSE APPLICATION

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A Change of Pace

Date: _____

Name of Business _____ DBA: _____
Type of Business _____
Business Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
State Sales Tax # _____ Health Inspection Permit # _____ Contractor License # _____
Business Email _____ Business Phone # _____
Name of Business Owner (if partnership, list all partners; if corporation, list principal officers) _____
Owner Address _____ City _____ State _____ Zip _____
Phone # _____ Email Address _____
Name of Manager _____ ManagerPhone# _____

LICENSE FEES

- General Business License Fee - \$25.00
- Conditional Use Permit (one-time only fee) \$25.00
- Beer Permit - \$50.00
- Vendor Permits -
 - Up to 30 days - \$20.00
 - Yearly - \$25.00

Total amount due - \$ _____

NEW APPLICATIONS - This is an application for a business license; the actual license will be issued only when the completed application is received, reviewed, and approved by the city council. All information must be accurately completed, or the issuance of the license will be delayed. Issuance of the license shall in no way relieve the applicable zoning, health, building, and fire regulations. All state and Federal regulations must be complied with.

RENEWAL APPLICATIONS - Renewal forms are sent out at the first of every year. If you did not receive one, please contact Tyrisa at the Panguitch City Office. **Late Fee** - Late fees are applied if renewals are not completed by February 1st of each year.

HOME OCCUPATIONS - Home occupations require a conditional use permit.

SHORT-TERM RENTALS - A conditional use permit and a building inspection are required. Please request a STR packet.

HEALTH PERMIT REQUIRED - For all **FOOD ESTABLISHMENTS, FOOD TRUCKS, TANNING BEDS, BODY ART, AND SWIMMING POOLS.**

I, We, _____ hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and understand that it is unlawful to make any false statement, declaration, or report as required in this application.

Date _____ Signed by _____

FOR OFFICIAL USE ONLY -

Health Permit Approval _____

Total Paid \$ _____