



APPLICATION FOR BUSINESS LICENSE – **SEASONAL (120 DAYS)**

(This is NOT a Business License)

Application #: _____

City of Holladay

4580 S. 2300 E.
Holladay, Utah 84117
Phone: (801) 527-3890
Fax: (801) 527-3891

Utah State Sales Tax ID Number: _____ - _____ - STC
(Please be sure this number is coded to the City of Holladay)

Permitted Event Days: _____ through _____ (Expiration Date)

***** PLEASE PRINT CLEARLY AND FIRMLY AND FILL OUT COMPLETELY *****

***** Please provide all items required within 30 days of this application submittal or this application is considered null and void *****

Business Name/DBA: _____ Phone: _____ Fax: _____

Event Location: _____ Holladay, Utah Zip: _____

Business Mailing Address: _____ City/State: _____ Zip: _____

Local Agent/Contact Person: _____ Phone: _____ Fax: _____

Email: _____

Business Type Activity: _____

TYPE OF OWNERSHIP

Sole Owner: Name: _____

Partnership: Name(s) of General Partners: _____

Corporation: Name of Principal Officer: _____

Name of Corporation: _____

Other: Describe: _____

Address of Owner(s)/Partner/Principal Officer: _____ City/State: _____ Zip: _____

Federal EIN #: _____ Utah State Entity (optional): _____

It is unlawful to operate a business without a current license (Holladay Municipal Ordinance Section 5.606.020). Failure to obtain a business license prior to opening such business will result in a penalty being assessed (Holladay Municipal Ordinance Section 5.06.100).

It is the responsibility of the Licensee to be familiar with the ordinances under which this license is applied, and applicant hereby agrees to conduct said business strictly in accordance with the Laws and Ordinances covering such business.

Signature: _____ Print Name: _____ Date: _____

OFFICE USE ONLY

Number of Employees: _____ (No charge)

Category Fees & Codes:

Code	Description	Units	Amount
170	Seasonal/Temporary		\$225.00
_____	_____	_____	_____
_____	_____	_____	_____

License Fee: \$ 225.00
Vehicles/Units: \$ _____
Alcohol: \$ _____
Penalty: \$ _____
Zoning: \$ _____

TOTAL: \$ 225.00

Ncsalpha #: _____

Parcel ID #: _____

Zone: _____

Approving Signature: _____

- Zoning Fire Police DBA Fee SL Co Health
 Tax Coded Property Owner/Management Approval

COMMENTS: