

Application for TEMPORARY Business License



Application date: _____

Owner Name: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Business Name: _____ DBA: _____

Temporary Business Address: _____ Current zoning: _____

***Per Farr West City Code Section 5.04.190, all temporary businesses must be located within commercial or manufacturing zones.**

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone Number: _____ Number of employees: _____

Manager Name: _____ Contact Phone: _____

State Sales Tax ID # _____ State License # _____

Businesses that require Health Department inspection and permit: ie, any business selling food, etc.

Health Department Permit # _____ or check if not applicable _____

Beginning and end dates of operation: _____ Hours of operation: _____

Description of goods offered for sale: _____

Please include with the required additional documents:

- Site Plan showing the type of building or shelter from which sales are to be made, as well as its location on the lot; location of ingress and egress to the site from the street, the location and size of all proposed signs and the number and size of off street parking stalls.
- If the business is conducted from a vehicle, its license number must be given. _____
- A letter from the property owner granting permission to the temporary business to use their lot together with any conditions for approval.

Temporary License Fee	Refundable Deposit
\$100.00	\$50.00

****The refundable deposit shall accompany the license fee and shall be returned within fourteen days from the date of termination of the temporary business so long as the area is cleaned and placed in the pre-business conditional and order.***

I, the applicant, am aware of and conform to all State and Federal Regulations. I have read and understand the Codes and Ordinances of Farr west City for Business License Regulations (Title 5).

I also understand that all temporary business licenses must be approved through the City Council and I am required to attend their meeting to answer any questions prior to license approval.

Applicant signature: _____ Date: _____

All new business licenses or change of ownership/tenant are required to undergo a fire inspection from Weber Fire District. Please contact Jolene at Weber Fire District at 801-782-3580 to schedule the inspection. Proof of passed inspection must be submitted with the business license application before any approval is given.

Temporary business licenses are subject to review and approval of the site prior to conducting any sale or rendering any service from the following departments:

Health Department (for the purpose of ensuring adequate sanitary facilities)

Signature for approval _____ Date: _____

Building Inspector (for the purpose of examining and approving the construction of temporary shelters, electrical, plumbing and heating installation, traffic flow and potential hazards, off street parking and general site standards)

Signature for approval _____ Date: _____

For office use only:

Amount paid: _____ Date paid: _____ Receipt Number: _____

City Council Date: _____ Approved: _____ Disapproved: _____

License number: _____ Date issued: _____