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75 North 100 West  
Midway, Utah 84049

# MIDWAY CITY

Planning Office

Phone: 435-654-3223 x 105  
Fax: 435-654-2830  
mhenke@midwaycityut.org

## APPLICATION FOR A TRANSIENT RENTAL UNIT BUSINESS LICENSE

*Please answer all questions – enter N/A if an item is not applicable*

### **Unit Application:**

Property Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Transient Unit Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Unit Description:** Attach a schematic floor plan of the rental unit indicating bedrooms, bathrooms, kitchen, living area, garage and all utility (gas, electric, water, etc.) shut-off locations.

**Proof of Ownership:** Please attach a copy of a deed or other evidence of ownership.

**Unit Manager:** Please provide the following information on the responsible party who will manage this unit.

Manager Name: \_\_\_\_\_ 24 hour Phone Number: \_\_\_\_\_

Midway Property Manager Office Address: \_\_\_\_\_

Midway Check-in Address: \_\_\_\_\_ 24 hour Cell Phone Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Manager e-mail: \_\_\_\_\_

Utah State Tax Collection Account Number: \_\_\_\_\_

Manager Business License Number: \_\_\_\_\_

**Inspections:** The unit must be inspected by Building, Fire and Health Department personnel before a license is granted. Please contact the Midway City Planning Department to coordinate these inspections.

**Fees:** An administrative fee of \$100 US dollars, payable to Midway City, must accompany this application. Separate agency inspection fees will be required and must be paid prior to inspections. Licenses must be renewed each year and expire annually on December 31.

### **CONTINUING OBLIGATION OF THE APPLICANT:**

I certify under penalty of license revocation that I am the property owner, or am an authorized representative of the property owners and that I have read and understand the information and provisions of Chapter 7.06 Transient Lodging Units of the Midway Municipal Code. I recognize and understand that this property can only be used for single family residential use, in compliance with these ordinances, and for no other purposes. I certify that I will maintain the Transient Rental in accordance with all the standards and requirements set forth at the time of the approval of this license.

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I acknowledge that all licenses expire December 31<sup>st</sup> of each year and that renewal fees for the next year are due on the date of expiration, December 31<sup>st</sup>. Fees unpaid as of January 31<sup>st</sup> are subject to a 50% late fee for each month they remain unpaid. If fees are unpaid on March 1<sup>st</sup>, the license will be revoked. Businesses which wish to continue to operate must reapply for a license. I also recognize that it is the responsibility of the licensee to notify the City Office if they move, change their mailing address or close their business.

I certify that the information provided and representations made are complete and correct to the best of my knowledge and my application is in accordance with Midway City ordinances. I also acknowledge that this license shall be void if this information or any representation I have made is incorrect or if I later fail to update such information within ten (10) business days of any change in this information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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ALL APPLICABLE SIGNATURES MUST BE OBTAINED BEFORE A LICENSE IS ISSUED

\*required signatures for all applications

**Inspection Verification:** Please obtain the required inspection verification signatures shown below.

\*Building Inspector \_\_\_\_\_ Date of Approval \_\_\_\_\_

\*Fire Marshall \_\_\_\_\_ Date of Approval \_\_\_\_\_

\*Health Department \_\_\_\_\_ Date of Approval \_\_\_\_\_

**Administrative Signatures:**

\*City Planner \_\_\_\_\_ Date of Approval \_\_\_\_\_

Conditions of Approval \_\_\_\_\_

\_\_\_\_\_

City Council \_\_\_\_\_ Date of Approval \_\_\_\_\_

Conditions of Approval \_\_\_\_\_

\_\_\_\_\_

*City Council approval will be required only if the City  
Planner chooses to refer the application to their attention*

**FOR OFFICE USE ONLY**

**STAFF:**

Business License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Date App. Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Fee Assessed: \_\_\_\_\_

Fee Paid/date: \_\_\_\_\_

**PLANNER:**

Complete / Incomplete \_\_\_\_\_

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_