



# MIDWAY CITY

Planning Office

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

75 North 100 West  
Midway, Utah 84049

## **APPLICATION FOR A TRANSIENT RENTAL UNIT PROPERTY MANAGEMENT BUSINESS LICENSE**

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

### **Manager Information:**

Name: \_\_\_\_\_ 24 Hour Phone Number: \_\_\_\_\_  
Home Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Midway Business Address: \_\_\_\_\_

24 Hour Check-in Address: \_\_\_\_\_

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

*Note: Both the manager and the owner are responsible and liable to insure that all required taxes are paid to Midway City, Wasatch County, and the State of Utah.*

**Insurance:** Please attach proof of manager insurance covering physical property damage, contents and liability in an amount of not less than \$1,000,000 US dollars or an amount set by the City Council from time to time.

**Transient Rental Unit Business License:** A separate Transient Rental Unit Business License must be completed and approved for each unit prior to managing any Transient Rental Unit.

**Inspections:** The property management office 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 \$65.00 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 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 City 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.

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 \_\_\_\_\_

**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:**

Date of Application: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Fee Assessed: \_\_\_\_\_  
Fee Paid/date: \_\_\_\_\_  
Business License #: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**PLANNER:**

Complete / Incomplete  
Date: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_