



Midway City Corporation
 75 North 100 West
 Midway, Utah 84049
 435-654-3223

Midway

Office Use Only	
Date of Application	_____
Business License #	_____
Date Approved	_____
Fee Paid	_____
Date Paid	_____

APPLICATION FOR A COMMERCIAL BUSINESS LICENSE

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

BUSINESS NAME: _____ PHONE NUMBER: _____

BUSINESS ADDRESS: _____ CITY, STATE, ZIP: _____

MAILING ADDRESS: _____ CITY, STATE, ZIP: _____

E-MAIL ADDRESS: _____ FAX NUMBER: _____

TYPE OF BUSINESS (please include a description of your business) _____

BUSINESS OWNER: _____ PHONE NUMBER: _____

OWNER ADDRESS: _____ CITY, STATE, ZIP: _____

NUMBER OF EMPLOYEES: _____ (if you are the owner, DO NOT count yourself)

OPENING DATE: _____ BUSINESS HOURS: from: _____ to: _____ DAYS OF WEEK: _____

DOES YOUR BUSINESS SELL PRODUCTS? (circle one) YES NO STATE SALES TAX NUMBER: _____

WILL FOOD BE SERVED? (circle one) YES NO

WILL YOU BE APPLYING FOR A BEER/LIQUOR LICENSE? (circle one) YES NO

FOR STATE LICENSED APPLICANTS ONLY: UTAH STATE LICENSE NUMBER _____

TYPE OF LICENSE _____ EXPIRATION DATE: _____

All Commercial businesses shall be operated in compliance with the Midway City Zoning Ordinance and any conditions set forth. Upon approval of a commercial business, a license shall be obtained from the City and the license may be revoked or refused upon failure of the owner and/or operator to maintain the business in accordance with the standards and zoning requirements set forth at the time of approval. All licenses expire December 31st of each year, renewal fees should be paid by December 31, unpaid fees as of January 1 are subject to a 50% late fee per month. If fees are unpaid after March 1, businesses will be considered out of business and must reapply.

It is also the responsibility of the licensee to notify the City Office if they move, change their mailing address or close their business.

I have read the attached zoning information and certify that I am in compliance with the ordinance in operating a Commercial Business.

APPLICANT SIGNATURE _____ DATE _____

ALL APPLICABLE SIGNATURES MUST BE OBTAINED BEFORE A LICENSE IS ISSUED

City Planner: _____ Building Inspector: _____

Fire Marshall: _____ Health Department: _____

VAC: _____

Conditions of approval _____