

MIDWAY CITY

Planning Office

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75 North 100 West
Midway, Utah 84049

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: _____
County Parcel #: _____

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.

Updated Nov. 2012

I acknowledge that all licenses expire December 31st of each year and that renewal fees for the next year are due on the date of expiration, December 31st. Fees unpaid as of January 31st are subject to a 50% late fee for each month they remain unpaid. If fees are unpaid on March 1st, 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:

Business License Number: _____

Expiration Date: _____

Date App. Received: _____

Received By: _____

Fee Assessed: _____

Fee Paid/date: _____

PLANNER:

Complete / Incomplete _____

Date: _____

Reviewed by: _____