



Date Paid: _____
Amount Paid: _____
Receipt #: _____

Fee: _____
License #: _____
Closed/ Cancelled Date: _____

**NIGHTLY RENTAL OR CAMPARK
BUSINESS LICENSE APPLICATION**
217 EAST CENTER STREET
MOAB, UTAH 84532
(435) 259-5123 / FAX (435) 259-4135

Business Name: _____
DBA: _____
License type: _____
Business Address: _____ Business Phone: _____
Business Mailing Address: _____ City: _____ State: _____ Zip: _____
After Hours Contact Name: _____ After Hours Phone: _____
E-mail Address: _____

Business Owner's Name: _____ Phone: _____
Owner's Address: _____ City: _____ State: _____ Zip: _____
Co-Owner's Name & Address (if applicable): _____
Property Owner's Name (if renting): _____
Property Managed by: _____

Type of Organization: Proprietorship Partnership Corporation Other (specify): _____
Name registered with the State of Utah: _____
Sales Tax ID #: _____ Projected Opening Date: _____
Type of Business (explain in detail): _____

Is this a Nightly Rental? Yes No If yes, how many units? _____ How many rooms? _____
Is this a Camp Park? Yes No If yes, how many spaces? _____

This form is an application for a business license. The actual license will be issued only when all inspections have been approved. All information must be accurately completed or the issuance of a license will be delayed. Owning or operating a business in the City of Moab without a current business license is punishable to the extent permitted by the Utah code, and/or by civil action to enjoin or abate the violation.

I/We _____ hereby agree to conduct said business strictly in accordance with the Moab City
Please print name(s)

Business License Regulations as set forth in the Moab City Code, Ordinances and Resolutions, and swear under penalty of law the information contained herein is true. I/We understand this license is non-transferable and valid only for the above mentioned location and owner. I/We agree to file the proper reports with the State of Utah.

Signature of Applicant or Authorized Agent

Date

Title

SEE BACK OF FORM FOR REQUIRED INSPECTIONS

Business Name: _____

THE FOLLOWING INSPECTIONS MAY BE REQUIRED. IT IS THE BUSINESS' RESPONSIBILITY TO CALL AND SCHEDULE AN APPOINTMENT FOR INSPECTIONS.

BUILDING INSPECTOR
(435) 259-5129
217 EAST CENTER

INSPECTION REQUIRED:

YES

IF YES, DATE OF INSPECTION _____

NO

IF NO, DATE OF LAST INSPECTION _____

APPROVED DISAPPROVED

NOTES:

SIGNATURE

ZONING COMPLIANCE
(435)259-5129
217 EAST CENTER

PARKING: _____

MOAB CITY CODE: _____

SIGN PERMIT: _____

ZONE: _____

DATE: _____

REVIEWED BY ZONING ADMINISTRATOR:

SIGNATURE

FIRE INSPECTOR
(435) 259-5557
45 SOUTH 100 EAST

INSPECTION REQUIRED:

YES

IF YES, DATE OF INSPECTION _____

NO

IF NO, DATE OF LAST INSPECTION _____

APPROVED DISAPPROVED

NOTES:

SIGNATURE

HEALTH INSPECTOR
(435)259-5602
575 KANE CREEK BLVD

INSPECTION REQUIRED:

YES

IF YES, DATE OF INSPECTION _____

NO

IF NO, DATE OF LAST INSPECTION _____

APPROVED DISAPPROVED

NOTES:

SIGNATURE