



CITY OF CEDAR HILLS

3925 W Cedar Hills Drive, Cedar Hills, Utah 84062 • www.cedarhills.org
 801-785-9668 (Phone) • 801-796-3543 (Fax)

VENDORS

BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION			
Business Name:		Phone #:	
Business Address:		Mailing Address (if different):	
Marketing Information			
Please describe, in detail, the marketing information of the business:			
Hours of Operation: Restricted between 9:00 a.m. and 9:00 p.m.		Date to Begin:	E-Mail Address:
Business Sales Tax#, if applicable:	Special Events Sales Tax Number: (Required)	State License #, if applicable:	Business Entity/Registration # (Required):
BUSINESS OWNER INFORMATION			
Owner's Name:		Home Phone #:	
Owner's Address:		Mobile or 2nd Phone #:	
Social Security #:		Date of Birth:	
Emergency Contact & Phone #:			
Other Applicant(s) (Employees /Vendors):			
(1) _____			
(2) _____			
(3) _____			

*PLEASE COMPLETE ALL PORTIONS OF THIS APPLICATION TO AVOID DELAY IN REVIEW AND APPROVAL.
 INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR COMPLETION.*

BUSINESS LICENSE FEES

Setup Fee	\$20.00
Base License Fee	\$65.00
Vendors Fee	<u>\$10.00</u>
TOTAL FEE CALCULATION	\$95.00

Please respond to the following questions.

Has the applicant(s) been criminally convicted of: (i) felony homicide, (ii) physically abusing, sexually abusing, or exploiting a minor, (iii) the sale or distribution of controlled substances, (iv) sexual assault of any kind, or (v) a felony crime of violent or aggravated conduct involving persons or property?	YES	NO
Are any criminal charges currently pending against the applicant(s) for: (i) felony homicide, (ii) physically abusing, sexually abusing, or exploiting a minor, (iii) the sale or distribution of controlled substances, or (iv) sexual assault of any kind?	YES	NO
Has the applicant(s) been criminally convicted of a felony within the last ten (10) years?	YES	NO
Has the applicant(s) been incarcerated in a federal or state prison within the past five (5) years?	YES	NO
Has the applicant(s) been criminally convicted of a misdemeanor within the past five (5) years involving a crime of: (i) moral turpitude, or (ii) violent or aggravated conduct involving persons or property?	YES	NO
Has a final Civil Judgment been entered against the applicant(s) within the last five (5) years indicating that: (i) you had either engaged in fraud, or intentional misrepresentation, or (ii) that a debt was non-dischargeable in bankruptcy pursuant to 11 U.S.C. § 523(a)(2), (a)(4), (a)(6), or (a)(19)?	YES	NO
Is the applicant(s) currently on parole or probation to any court, penal institution, or governmental entity, including being under house arrest or subject to a tracking device?	YES	NO
Does the applicant(s) have an outstanding arrest warrant from any jurisdiction?	YES	NO
Is the applicant(s) currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction?	YES	NO

I, the undersigned, state and affirm that the information provided is complete, truthful and accurate. I clearly understand and am fully aware of the regulations and restrictions for vending in the City of Cedar Hills. I do hereby agree to abide by these regulations and restrictions. I understand that by submitting this application, I authorize the City to verify the information and may consult any publically available sources for information for verification. I also understand that this license may be revoked due to violation of the provisions of the City of Cedar Hills Code.

Business Owner's Signature

Date

Your business is an important and welcome part of our community.

FOR OFFICE USE ONLY	Fee Received By:	Date Submitted:	Amount Paid:	BCI Background Check Submitted:
Identification Badges Needed and Produced:	Proof of Identity: Utah Driver License <input type="checkbox"/> United States Passport <input type="checkbox"/> Utah Identification Card <input type="checkbox"/> U.S. Military Identification <input type="checkbox"/> Non U.S. Passport <input type="checkbox"/>			
Comments:				
Approval by City Building Licensing Official:				
_____ Authorized Signature			_____ Approval Date	