



BUSINESS LICENSE

COMMERCIAL

Hinckley Town, Inc.
161 E 300 N - P.O. Box 138
Hinckley, UT 84635
435-864-3522 Fax 435-864-3341
hinckleytown.utah.gov
clerk@hinckleytown.utah.gov

License # _____

Business Status (Check all that apply): ☐ New Business ☐ Renewal ☐ Location ☐ Name Change ☐ Ownership Change ☐ DBA
State Registration (Check all that apply): ☐ Sole-Proprietor ☐ Corporation ☐ Partnership ☐ Limited Liability ☐ Non-Profit

APPLICATION DATE: _____ TENTATIVE OPENING DATE: _____

BUSINESS NAME: _____

DBA NAME: _____

Has this name been registered with the State of Utah, Commerce Department? ☐ Yes ☐ No

If no, please apply at <https://businessregistration.utah.gov/>

OWNER(S) NAME: _____

LOCATION PHYSICAL ADDRESS: _____

City: _____ State: _____ Zip: _____

Parcel ID# _____ Zoning _____

Business Phone: _____ Cell Phone: _____ Fax: _____

Email Address: _____ Business Website: _____

MAILING INFORMATION

Address: _____

City, State, Zip: _____

Have you previously operated a business in Hinckley Town? ☐ Yes ☐ No

If yes, Business Name: _____ Year(s): _____

Address: _____

TYPE OF BUSINESS

☐ Manufacturing ☐ Wholesale ☐ Service ☐ Office/Professional ☐ Daycare/Preschool - # of Children _____

State Sales Tax #: _____ EIN/Federal Tax #: _____

State License # (DOPL): _____ State License (DOPL) Type: _____

Contractor License (s) #: _____

Average # of Employees _____

Describe Your Business in Detail (Attach additional sheet if necessary) _____

BUSINESS LICENSE

FEE

\$25.00



INDUSTRIAL DISCHARGE, FLAMMABLE MATERIALS, CHEMICALS, AND HAZARDOUS WASTE
QUESTIONNAIRE FOR USE WITH NEW COMMERCIAL BUSINESS APPLICATION

Name of Business _____

Address of Business _____

Company Official Name _____ Title _____

By checking each box after reading and completing each section, you agree to comply with all of these provisions:

☐ Brief description of business, products produced, services provided: _____

☐ Average Number of Employees: Morning _____ Afternoon _____ Evening _____

Check Types of Discharges into Sewer System: Sanitary Waste (Restrooms) _____ Non-Contact Cooling
Water _____ Contact Cooling Water _____ Equipment Wash Down _____ Boiler Blowdown _____
Process Waste (list types – be specific) _____

☐ Expected Daily Water Use: Gallons Per Day (GPD) _____

☐ Are any of your process discharges regulated by Federal Categorical Discharge Standards? ☐ Yes ☐ No
If yes, list standards _____

☐ Are any of process discharges regulated by State or County Discharge Standards?
State: ☐ Yes ☐ No County: ☐ Yes ☐ No
If yes, list standard: State: _____
County: _____

☐ Will chemicals be used or stored on site? ☐ Yes ☐ No
If yes, list chemicals that will be stored on site in quantities greater than one gallon on the back of this form.

☐ Will flammable materials be used or stored on site? ☐ Yes ☐ No
If yes, list flammable materials that will be stored on site in quantities greater than one gallon on the back of this form.

☐ Will hazardous waste be generated as the result of any products being produced and/or any services being performed at
this location? ☐ Yes ☐ No
If yes, list the specific types generated on the back of this form.

☐ Will all chemicals and flammable materials be stored in fire safety approved lockers? ☐ Yes ☐ No
If yes, describe type and location of storage lockers. _____

☐ Have the proper MSDS cards and information sheets for all chemicals and flammable materials used/stored at this
location be attached to this form? ☐ Yes ☐ No

THE APPROVAL OF THE BUSINESS LICENSE APPLICATION WILL NOT BE FINALIZED UNTIL ALL OF THE
REQUIRED MSDS CARDS AND INFORMATION SHEETS ARE PROVIDED TO THE TOWN.

CHEMICALS USED/STORED MONTHLY

Chemical Name	Amount Stored	Amount Used	Amount Produced
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FLAMMABLE MATERIALS USED/STORED MONTHLY

Name	Amount Stored	Amount Used
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAZARDOUS WASTE GENERATED ON PREMISES / GENERATED MONTHLY

Name	Expected Quantity	Method of Disposal
_____	_____	_____
_____	_____	_____
_____	_____	_____

This application shall be reviewed by Hinckley Town Planning & Zoning Commission for approval. A decision may be appealed and such appeal shall be applied for within ten (10) business days of the Planning & Zoning Commission's decision.

Inspections may be performed without notice to ensure compliance with town ordinances.

APPLICANT'S AGREEMENT

This form is an application for a business license. The actual license will be issued only when the business is in compliance with all local, state, federal; fire and building codes and all inspections are completed and signed off by the various Town departments. Missing or incomplete information on the application may significantly increase approval time.

The Town shall not be required to issue a business license to any person when operation of the business for which application is made would constitute a use not permitted under the Hinckley Town Code, Title 11, Land Use Ordinance nor does issuance of a business license by the Town constitute a waiver of any zoning violations, nor does such issuance waive any valid zoning requirement.

No business license shall be transferred from one person to another or from one location to another.

I, the undersigned, hereby agree to conduct said Commercial Business strictly in accordance with all Hinckley Town codes governing such business and swear under penalty of law that the information contained herein is true and correct to the best of my knowledge. I understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. I also acknowledge the responsibility to renew the Hinckley Town business license on or before December 31 of each year.

Applicant Signature: _____ Date: _____

Please Print Your Name: _____

THIS FORM WHEN COMPLETED BECOMES PART OF THE APPLICATION FOR A COMMERCIAL BUSINESS LICENSE IN HINCKLEY TOWN AND SHALL BE SUBMITTED TO ALL APPROVING ENTITIES AND DEPARTMENTS OF GOVERNMENT FOR REVIEW AND COMMENT PRIOR TO THE APPLICANT'S LICENSE BEING ISSUED.

ANY SIGNIFICANT CHANGES TO BUSINESS OPERATIONS, OWNERSHIP, OR LOCATION MUST BE REPORTED TO THE TOWN WITHIN THIRTY (30) DAYS.

OFFICE USE ONLY

Any new Business License Application will go before the Hinckley Town Planning Commission, then to the Hinckley Town Council. The Planning and Zoning Commission meets on the second Wednesday of each month. The Hinckley Town Council meets on the first and third Thursday of each month.

Planning Commission: _____ Approved _____ Denied Date: _____

Town Council: _____ Approved _____ Denied Date: _____

Parcel ID # _____ Zone _____ Conditional Use Permit Required? ☐ Yes ☐ No

Reason/Comments: _____

Receipt #: _____	License #: _____
Received By: _____	Date: _____
Amount: _____	
Type of Payment:	
☐ Cash	
☐ Check # _____	
☐ XBP # _____	