



TEMPORARY USE BUSINESS LICENSE APPLICATION for a  
**FIREWORKS VENDOR**  
(For Stand/Tent/Trailer Sales)

Community & Economic Development Dept. • 437 N Wasatch Dr. • Layton, UT 84041  
Phone: (801) 336-3788 • Fax: (801) 336-3789 • Email: [businesslicensing@laytoncity.org](mailto:businesslicensing@laytoncity.org)

LICENSE #:

**BUSINESS INFORMATION**

**Business Status:** (check one)  New Business  Recurring Business

**State Registration:** (check all that apply):  DBA  Sole-Proprietor  Limited Liability  Corporation  Non-Profit  Partnership

**APPLICATION DATE:** \_\_\_\_\_

**LICENSE FEE: \$40.00**

**DESIRED OPENING DATE:** \_\_\_\_\_

**NOTE:** Application **MUST** be submitted *no earlier than 45 days and no later than 14 days prior to the Opening Date*

**SALES SEASON APPLYING FOR** (select one):  July 4<sup>th</sup> & July 24<sup>th</sup>  New Years  Chinese New Year

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS "DBA" NAME:** (if applicable) \_\_\_\_\_

**SALES LOCATION:** Physical Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

**OWNER INFO:** Name: \_\_\_\_\_ Driver License #/State: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**EMERGENCY** Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_

**INFO:** Contact Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**DESCRIPTION OF BUSINESS:**

Describe Business Operations/Activities: \_\_\_\_\_

Describe Portable Stand/Tent/Trailer (be specific): \_\_\_\_\_

Describe Any Storage Containers: \_\_\_\_\_

**DETAILS OF THE BUSINESS AND LOCATION:**

1. List your State Sales Tax #: \_\_\_\_\_ or Temporary State Sales Tax #: \_\_\_\_\_ **NOTE: Temporary Sales Tax Numbers must be assigned to Layton City and can be obtained at the Utah State Tax Commission/Special Events Unit, 201 N 1950 W, Salt Lake City, Utah or by calling 801-297-6303.**

2. Size of: Stand/Tent/Trailer: \_\_\_\_\_ (in square feet); OR Indoor Sales Area: \_\_\_\_\_ (in square feet)

3. Name of Existing Primary Merchant Business at this location: \_\_\_\_\_

**ITEMS TO BE SUBMITTED WITH APPLICATION**

Please submit the following information. Documents may be submitted by fax or email as listed at the top of this application.

**FOR OUTDOOR VENDORS:**

- Site Plan including the following:
  - a) A North Arrow;
  - b) Business Name and Sales Location Address ;
  - c) Outline of property and location of stand/trailer/tent on said property;
  - d) Dimensions of stand/trailer/tent and total occupied parking stalls;
  - e) Location of all storage containers;
  - f) Pedestrian and parking lot vehicular throughways;
  - g) Distances between stand/trailer/tent and parked vehicles, buildings, etc.
  - h) Distances between stand/trailer/tent and any other temporary uses (i.e. snow shacks, taco carts, other firework stands) within 300';
  - i) All adjacent streets, landscaping, park strips, etc.
  - j) LOCATION AND SIZE OF ALL TEMPORARY SIGNAGE (see compliance statements)
- Photo or Detailed Drawings of the stand/trailer/tent showing type, colors, materials, etc.;
- Signed Commercial Property Agreement Form.

**FOR INDOOR VENDORS:**

- Floor Plan including the following:
  - a) Business Name;
  - b) Sales Location Address;
  - c) Interior Floor Layout;
  - d) Location/Dimension of Firework Display

