



TEMPORARY USE BUSINESS LICENSE APPLICATION for a
SEASONAL VENDOR
(For Outdoor Seasonal Vendors)

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

LICENSE #:

BUSINESS INFORMATION

Business Status: (check one) [] New Temporary Business [] Part of an Existing Layton Business [] Recurring Business
State Registration: (check all that apply): [] DBA [] Sole-Proprietor [] Limited Liability [] Corporation [] Non-Profit [] Partnership

APPLICATION DATE: DESIRED OPENING DATE:

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

OFFICE USE:
License Expiration Date:

DURATION OF EVENT/SALE: TO (MM/DD/YYYY) (MM/DD/YYYY)

BUSINESS NAME:

BUSINESS "DBA" NAME: (if applicable)

LOCATION: Physical Address: Zoning District:

Note: To verify whether or not your business can be located at this address and what the zoning district is, please contact the Planning Division at 801-336-3780.

OWNER INFO: Name: Driver License #/State: Birth Date:
Mailing Address: City: State: Zip:
Email Address:
Primary Phone #: Alternate Phone #:

EMERGENCY INFO: Contact Person Name: Title:
Contact Phone #: Alternate Phone #:

DESCRIPTION OF BUSINESS: [] Christmas Tree Lot [] Pumpkin Patch [] Other:

Describe Business Operations/Activities (be specific):

Describe Portable Structure (be specific):

Describe Any Storage Containers:

DETAILS OF THE BUSINESS AND LOCATION:

- 1. Have you registered your business name with the State of Utah? [] Yes [] No List State EIN #: (NOT Fed #)
NOTE: Business name MUST be registered with the State of Utah prior to submitting application. Apply at www.osbr.utah.gov.
2. List Temporary State Sales Tax #:
(Temporary Sales Tax Numbers must be assigned to Layton City and can be obtained by contacting the Utah State Tax Commission/Special Events Section, 201 N 1950 W, Salt Lake City or by calling 801-297-6303.)
3. Do you have employees? [] Yes [] No If YES, list Federal Employer ID #:
4. Business Size/Footprint: (in square feet)
5. Name of existing main 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. Each item must list the Business Name, Business Address, Contact Person and Phone Number.

- [] Site Plan including the following:
a) A North Arrow;
b) Business name, address and type of Temporary Use;
c) Outline of property and location of temporary use on the property;
d) Location and number of parking stalls for onsite merchant;
e) Dimensions/footprint of temporary use including sales booth;
f) Total number of parking stalls occupied;
g) Pedestrian and parking lot vehicular throughways;
h) Show all other structures located on the property (permanent and temporary);
i) Distances between temporary use and parked vehicles, buildings, lot lines,
j) Distances between temporary use and any other temporary use(s) within 300';
k) All adjacent streets, landscaping, park strips, etc.;
l) Location and size of temporary storage containers.
[] Photo or Detailed Drawing of sales booth or other temporary structure showing type, colors, materials, etc
[] Signed Commercial Property Agreement Form

