



TEMPORARY USE BUSINESS LICENSE APPLICATION for a
**SINGLE EVENT**
(For Multiple Vendor Events)

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

LICENSE #:

EVENT INFORMATION

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)

EVENT LOCATION: Address: Zoning District:

EVENT TITLE & PROMOTING ENTITY NAME:

MAILING INFO: Address: Suite/ Apt/Space #:
City: State: Zip:

LOCAL CONTACT PERSON: LOCAL PHONE #:

TEMPORARY SALES TAX # FOR PROMOTER (if applicable): (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.)

TOTAL NUMBER OF RETAIL VENDORS ATTENDING THIS EVENT: (Each vendor is required to have a Temp. Sales Tax Number)

APPLICANTS/ PROMOTERS: Name: Driver License #/State: Birth Date:
Name: Driver License #/State: Birth Date:

HOME OFFICE INFO: Mailing Address: City: State: Zip:
Email Address:
Primary Phone #: Alternate Phone #:

DESCRIPTION OF EVENT: Indoor Outdoor Indoor & Outdoor

Describe Event Activities (be specific):

DETAILS OF THE EVENT AND LOCATION:

- 1. What is the name of the main merchant business located at this address:
2. Is the Applicant/Promoter registering this event for a charitable fund-raising purpose Yes No If YES, please indicate the charity to be benefitted: Indicate percentage to proposed charity % and to administration %.
3. Will the Event be utilizing a parking lot for any or all portions of this Event? Yes No If YES, please provide a site plan. See below.
4. Have you hosted events in the past in the Davis County area? Yes No If YES, provide a list of the three most recent events indicating the month/year of the event, number of attendees and licensing jurisdiction.
5. Will you be selling beer or liquor at this Event? Yes No If YES, a separate license and fees are required.
6. Are there any State/Federal Permits required for this Event? Yes No If YES, provide copies.

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 Event Name, Event Address, Contact Person and Phone Number:

- Site Plan for OUTDOOR EVENTS including the following:
a) A North Arrow;
b) Event Title and Address;
c) Location of main business structure on the property;
d) Location and number of parking stalls dedicated for main business;
e) Location of required Handicap parking stalls for main business;
f) Location of Event on the property;
g) Pedestrian and parking lot vehicular throughways;
h) All other structures located on the property (permanent and temporary);
i) All adjacent streets, landscaping, park strips, etc.;
Floor Plan for INDOOR EVENTS including the following:
a) Event title;
b) Event facility name and address;
c) Floor layout;
d) Vendor table layout
e) Exit signs and means of egress;
f) Location and type of fire suppressant devices
List of participating exhibitors including their home office address, phone number, contact person and whether they are conducting sales.
Signed Commercial Property Agreement Form (for off-site outdoor events)

