

**PARK CITY MUNICIPAL CORPORATION**  
P.O. BOX 1480 - PARK CITY, UT 84060 - 435-615-5225



**SEXUALLY ORIENTED BUSINESS LICENSE APPLICATION - 2012**

|  |                        |                        |                |
|--|------------------------|------------------------|----------------|
| ACCOUNT NUMBER   | STATE SALES TAX NUMBER | STATE LICENSE NUMBER   |                |
| UTAH DBA FILE NUMBER   | FEDERAL I.D. NUMBER    | SOCIAL SECURITY NUMBER |                |
| BUSINESS NAME, "DOING BUSINESS AS" & PHYSICAL ADDRESS:   |                        | MAILING ADDRESS:       |                |
| BUSINESS TYPE:<br>Corporation _____<br>Limited Liability _____<br>Limited Partnership _____<br>Other _____ |                        | TELEPHONE (BUSINESS)   | MAX. OCCUPANCY |
| WEBSITE: _____   |                        |                        |                |
| GENERAL DESCRIPTION OF BUSINESS ACTIVITY:  |                        | DRIVER'S LICENSE #     | # OF EMPLOYEES |
| MANAGER'S NAME   | ADDRESS (HOME)         | TELEPHONE (HOME)       | DATE OF BIRTH  |
| AGENT FOR SERVICE OF PROCESS   | ADDRESS (HOME)         | TELEPHONE (HOME)       | DATE OF BIRTH  |
| OWNER NAME   | ADDRESS (HOME)         | TELEPHONE (HOME)       | DATE OF BIRTH  |

I certify under penalty of perjury and license revocation that I am the authorized representative of the property owner; that I have read, know and fully understand the information and provisions of this license and the accompanying ordinance section governing business licenses; I certify that the information provided and representation made are complete and accurate to the best of my knowledge and my application is in accordance with Park City ordinances. This license shall be **VOID** if information or representations provided by licensee is incorrect or later changes and I fail to update such information within ten business days of the change of information. I acknowledge and understand the following: 1) That **THIS IS NOT A LICENSE**, but merely an application for a license to do business within Park City. 2) That if my application is approved, I shall be notified and issued a license certificate which must be displayed at my place of business at all times. 3) That all Business Licenses expire on December 31st of the year issued. 4) That the granting of this license to do business within Park City does not discharge or replace any other licensing or registration requirements I may have under City, County, State or Federal laws.

POSITION \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**GENERAL BUSINESS LICENSE**

**ADMINISTRATION FEE                      \$95.00**

| CODE NUMBER | FEE RATE | X | # OF UNITS | = | AMOUNT DUE |
|-------------|----------|---|------------|---|------------|
| _____       | _____    | X | _____      | = | _____      |
| _____       | _____    | X | _____      | = | _____      |
| _____       | _____    | X | _____      | = | _____      |
| _____       | _____    | X | _____      | = | _____      |

TOTAL BUSINESS LICENSE FEE \$ \_\_\_\_\_

GENERAL BUSINESS LICENSE

**ADMINISTRATION FEE**

**\$95.00**

| CODE NUMBER | FEE RATE | X | # OF UNITS | = | AMOUNT DUE |
|-------------|----------|---|------------|---|------------|
| _____       | _____    | X | _____      | = | _____      |
| _____       | _____    | X | _____      | = | _____      |
| _____       | _____    | X | _____      | = | _____      |
| _____       | _____    | X | _____      | = | _____      |

TOTAL BUSINESS LICENSE FEE \$ =====