



**Division of Business Licensing**  
 290 N 100 W, Logan, UT 84321  
 Ph: (435) 716-9230 / Fax: (435) 716-9001  
 www.loganutah.org

License No. \_\_\_\_\_

Date Received \_\_\_\_\_

# Temporary Itinerant or Transient Merchant License Application

License is valid for up to 180 days

## Section I: Business Information

Business Name: \_\_\_\_\_

“Doing Business As”: \_\_\_\_\_

Business Address: \_\_\_\_\_ Logan, UT 843 \_\_\_\_\_ Parcel ID # \_\_\_\_\_

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

Bus. Phone 1: \_\_\_\_\_ Bus. Phone 2: \_\_\_\_\_

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

Website: \_\_\_\_\_

Utah State Tax Commission Sales Tax Number: \_\_\_\_\_

State and/or Federal Regulatory License(s) (This is NOT the FEIN umber. Please include agency name and number)

License 1: \_\_\_\_\_ License 2: \_\_\_\_\_

NAICS Code: \_\_\_\_\_ [www.naics.com/search](http://www.naics.com/search)

## Section II: General Information

<b>Business Information</b>	<b>Site Map Information</b>	<b>Application Checklist</b>
<p>Is this a secondary use at this location?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Permanent Business: _____</p> <p>Beginning Date: _____ End Date: _____</p> <p>Hours of operation: _____</p> <p>Days of operation: _____</p> <p>Sq. ft. of bus. Location: _____</p> <p>Employees FT _____ PT _____</p> <p>Total parking stalls for your business: _____</p> <p>Total parking stalls at location: _____</p>	<p><input type="checkbox"/> Location and dimensions of all facilities and temporary structures</p> <p><input type="checkbox"/> Location and number of parking spaces at the location</p> <p><input type="checkbox"/> Location and number of parking spaces at the location being used by the merchant</p> <p><input type="checkbox"/> Location of toilet facilities within 300'</p> <p><input type="checkbox"/> Pedestrian and vehicle circulation at site</p>	<p><input type="checkbox"/> Complete application form</p> <p><input type="checkbox"/> Site map</p> <p><input type="checkbox"/> Land use permission at this location</p> <p><input type="checkbox"/> Toilet facility use permission at this location</p> <p><input type="checkbox"/> Pictures of all facilities and structures</p> <p><input type="checkbox"/> Permit to Operate from the Health Department (if required)</p>

**Section III: Business Description** (add addendum if more space is required)

**Section IV: Ownership & Contacts** (Application must have at least one application contact and one emergency contact)

<b>Contact Name:</b> _____ <b>Home Address:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div> Phone 1: _____ Phone 2: _____ Date of Birth: _____ Driver Lic. # _____ (ST____) or Passport # _____	<b>Contact Role(s) mark all that apply:</b> <input type="checkbox"/> Application contact <input type="checkbox"/> Ownership <input type="checkbox"/> Agent <input type="checkbox"/> Local Manager <input type="checkbox"/> Emergency contact <input type="checkbox"/> Licensing Rep. <input type="checkbox"/> Other Officer or Employee
<b>Contact Name:</b> _____ <b>Home Address:</b> _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Street</span> <span>City</span> <span>State</span> <span>Zip</span> </div> Phone 1: _____ Phone 2: _____ Date of Birth: _____ Driver Lic. # _____ (ST____) or Passport # _____	<b>Contact Role(s) mark all that apply:</b> <input type="checkbox"/> Application contact <input type="checkbox"/> Ownership <input type="checkbox"/> Agent <input type="checkbox"/> Local Manager <input type="checkbox"/> Emergency contact <input type="checkbox"/> Licensing Rep. <input type="checkbox"/> Other Officer or Employee

**Section V: Property Owner Contact**

**Property Owner of Record:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  

Street
City
State
Zip

**Authorized Agent for Property Owner:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section VI: Notifications and Verification of Authority**

1. **Mandatory review process** - This application does not constitute a business license. All applications are subject to the review process mandated by Title 5 of the Municipal Code. Incomplete applications will not be processed. Decisions on applications will take 15 business days (minimum), and are made based on:
    - (i) the information provided on the application materials, and
    - (ii) reviews inspections performed, as required.
  2. **Additional Requirements** - Under the Municipal Code, additional Business License application requirements are necessitated for some business types.
  3. **Denial of License** - Application denial or subsequent license suspension or revocation are most often the result of:
    - (i) an inaccurate or incomplete application, or failure to update information with the division, and/or
    - (ii) non-compliance with the Municipal Code, Land Development Code, and/or applicable building, fire, and environmental codes.
  4. **Other regulatory bodies** - It is the applicant's responsibility to determine and comply with any requirements from other regulatory agencies.
  5. **Signage** - Permanent signage requires a separate Sign Permit application, which is administered by the Division of Planning and Zoning (435-716-9036).
  6. **Building alterations** - All alterations to buildings or spaces, including electrical, plumbing, and mechanical alterations, require a separate building permit and compliance inspection as established by Logan Municipal Code. Building permits are administered by the Division of Building and Safety (435-716-9030).
  7. **Officer background checks** - The application process may include a Logan Police local background check for each business principal or officer.
- I affirm that: (i) I am an authorized agent of the business for which application is being made, and (ii) the information on this form and on all application materials is both complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Application Fee: \$75**