



TOWN OF LEEDS  
218 NORTH MAIN STREET  
PO BOX 460879  
LEEDS, UT 84746-0879  
PHONE: 435-879-2447

January 1, 2010

Dear Applicant,

To apply for your business license:

1. Complete the 2010 Business License Application enclosed. **Make check payable to Town of Leeds.**
2. Submit all required applications, permits and information no later than January 31, 2010 to the Town Clerk/Recorder.

Any business preparing food must have a Food Service Permit from the Washington County Public Health Department. You may contact them at 986-2580. The Health Department has asked that we withhold issuing a business license until their requirements have been met.

Contractors and other state licensees such as cosmetology, barbering, etc, must submit a copy of their current State License along with their Business License application.

Please remember all business licenses are \$50.00 and the deadline is January 31, 2010. Beginning February 1, 2010 there will be a late fee assessed. Doing business without a license is a Class B Misdemeanor.

You can renew your business license at Town Hall on Monday through Thursday, from 9:00 a.m. to 1:00 p.m. Remember to check out our website - [www.leadstown.org](http://www.leadstown.org) and note Leeds Businesses listed under "Businesses." If you would like your business listed, please check the appropriate box in the application, or fill out your information in the business section of the website. If you find errors in your business listing, please notify the Clerk/Recorder by e-mail at [leadstownhall@beyondbb.com](mailto:leadstownhall@beyondbb.com) or phone 879-2447 to have appropriate corrections made on the site.

**If you are no longer in business, please check the "Business Closed" box on the Application,** and mail it to the Town Hall or call the Town office at 879-2447 and we will remove your name from the business list.

***PLEASE REMEMBER: Late fees are incurred for business license renewals received after January 31, 2010.***

Sincerely,

Clerk/Recorder, Town of Leeds

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

**FILING FEE: \$50.00 (NON-REFUNDABLE)**  
Date \_\_\_\_\_  
Received by \_\_\_\_\_

## TOWN OF LEEDS

# 2010 GENERAL BUSINESS LICENSE APPLICATION AND AGREEMENT OF TERMS

*PLEASE REMEMBER THIS IS ONLY AN APPLICATION AND NOT A BUSINESS LICENSE. You will receive your business license from the Town Clerk/Recorder given all necessary information has been provided and is correct and true.*

Please check applicable box:    New     Renewal (Must still complete form)     Address change

Please check if you are NO LONGER IN BUSINESS:     Date Business was discontinued \_\_\_\_\_

### PLEASE PRINT CLEARLY

#### **Business:**

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

Street Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

#### **Owner of Property:**

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

#### **Applicant:**

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

Street Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Description of business and what will take place: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business is:  Corporation  Sole Proprietorship  Partnership  LLC

List all owners other than applicant. If a corporation, partnership, or LLC, list other officers, general partners or members. (\*If New Applicant, or if information has changed from previous year, attach copy of Articles of Incorporation or Articles of Organization & Certificate of Registration.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of commencing business in Leeds: \_\_\_\_\_

Have you registered your business name with the State of Utah?  Yes  No (\*if new applicant, attach copy)

Federal Tax ID: \_\_\_\_\_ (\*If new applicant, attach copy of IRS form SS-4.)

Utah Sales Tax Number: \_\_\_\_\_ (\*If new applicant, attach copy of Sale Tax License from Utah State Tax Commission)

Is this a food or food preparation business?  Yes  No (If yes, attach a copy of Permit to Operate and / or annual Health Permit from Southwest Public Health Department.)

Is this business required to be licensed by the State?  Yes  No  
If yes, indicate type and number: \_\_\_\_\_ (Attach Copy of State License)

Average number of employees: \_\_\_\_\_ Days & hours of operation: \_\_\_\_\_

Do you want your Home Occupation Business listed on the Leeds Town Website?  Yes  No

**NOTICE:**

***Applicant's signature indicates agreement to conduct the business in compliance with listed uses, Zoning Ordinance and all Ordinances that are applicable to the type of business being conducted. Any operations exceeding or not in compliance with Town of Leeds Ordinances require application for a Conditional Use Permit and said Permit will not be issued without prior recommendation from Planning Commission and approval from Leeds Town Council per the Land Use Ordinance.***

**FAILURE TO COMPLY WITH THE ABOVE CONDITIONS AND LEEDS ORDINANCES CAN RESULT IN SUSPENSION OR REVOCATION OF YOUR BUSINESS LICENSE AND IS A CLASS "B" MISDEMEANOR.**

**I HAVE READ AND UNDERSTAND, AND AM IN COMPLIANCE WITH THE CONDITIONS OF THE LAND USE ORDINANCE 2008-04**

Print Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*I understand that falsifying any information on this form constitutes sufficient cause for rejection or revocation of my business license. I also understand that the Town Clerk may require additional information as permitted by ordinance, and also agree to supply the same as part of this form.*

**Authorized Representative**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*"Authorized Representative" shall mean: a) a responsible corporate officer, if the User is a corporation (i.e. a president, secretary-treasurer, or vice-president of the corporation, or the manager of one or more manufacturing, production or operation facilities, with authority to sign documents); b) a general partner or proprietor if the Industrial User is a partnership or proprietorship respectively; or c) a duly authorized representative (written authorization and written change of authorization are required) of the corporation, general partnership or proprietorship.*

***Applicant's signature indicates agreement to conduct the business in compliance with listed uses, Zoning Ordinance and all Ordinances that are applicable to the type of business being conducted.***

**Deadline for filing business license renewal is January 31, 2010. Beginning February 1, 2010, a late charge will be assessed.**

**BUSINESS LICENSE EXPIRES ON December 31, 2010**

**For Town Use Only**

Current Zoning: \_\_\_\_\_

\_\_\_\_\_  
Clerk / Recorder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Town Manager

\_\_\_\_\_  
Date

# TOWN OF LEEDS

## Leeds Area Special Services District (LASSD) Fire District

**The following information is required by the Leeds Area Special Services District  
Please Contact Chief Steve Lewis for an inspection at 879-2881**

Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Are address numbers at least 4 inches high and clearly visible from street?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is a five pound commercial rechargeable ABC fire extinguisher (2A 10BC rating) on the premises?

YES \_\_\_\_\_ NO \_\_\_\_\_

Is the fire extinguisher mounted no less than 8 inches from the floor and no higher than 60 inches?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any explosives, hazardous materials, and/or flammable/combustible material in excess of 5 gallons stored on the premises?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are all combustible materials stored at least 36 inches from heat sources, including adequate clearance from water heater, boiler and furnace?

YES \_\_\_\_\_ NO \_\_\_\_\_

Have all extension cords been replaced with surge protectors?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are all switches, outlets and plugs covered with electrical cover plates?

YES \_\_\_\_\_ NO \_\_\_\_\_

Are all exits operable and free from obstruction?

YES \_\_\_\_\_ NO \_\_\_\_\_

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Chief Steve Lewis

**For any questions regarding fire safety and fire codes, please contact Fire Chief Lewis at  
Leeds Area Special Service District (LASSD) at 435-879-2881**