



# BUSINESS LICENSE

## COMMERCIAL

Hinckley Town, Inc.  
161 E 300 N - P.O. Box 138  
Hinckley, UT 84635  
435-864-3522 Fax 435-864-3341  
[www.hinckleytown.org](http://www.hinckleytown.org)  
Email: hclerk@frontiernet.net

2025

License # \_\_\_\_\_

Business Status (Check all that apply):  New Business  Renewal  Location  Name Change  Ownership Change  DBA  
State Registration (Check all that apply):  Sole-Proprietor  Corporation  Partnership  Limited Liability  Non-Profit

APPLICATION DATE: \_\_\_\_\_ TENTATIVE OPENING DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

DBA NAME: \_\_\_\_\_

Has this name been registered with the State of Utah, Commerce Department?  Yes  No

If no, please apply at <http://https://secure.utah.gov/osbr-demo/welcome.html>

OWNER(S) NAME: \_\_\_\_\_

LOCATION PHYSICAL ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parcel ID# \_\_\_\_\_ Zoning \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Business Website: \_\_\_\_\_

### MAILING INFORMATION

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

City, State, Zip: \_\_\_\_\_

Have you previously operated a business in Hinckley Town?  Yes  No

If yes, Business Name: \_\_\_\_\_ Year(s): \_\_\_\_\_

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

### TYPE OF BUSINESS

Manufacturing  Wholesale  Service  Office/Professional  Daycare/Preschool - # of Children \_\_\_\_\_

State Sales Tax #: \_\_\_\_\_ EIN/Federal Tax #: \_\_\_\_\_

State License # (DOPL): \_\_\_\_\_ State License (DOPL) Type: \_\_\_\_\_

Contractor License (s) #: \_\_\_\_\_

Average # of Employees \_\_\_\_\_

Describe Your Business in Detail (Attach additional sheet if necessary) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### BUSINESS LICENSE

#### FEE

\$25.00



INDUSTRIAL DISCHARGE, FLAMMABLE MATERIALS, CHEMICALS, AND HAZARDOUS WASTE  
QUESTIONNAIRE FOR USE WITH NEW COMMERCIAL BUSINESS APPLICATION

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Company Official Name \_\_\_\_\_ Title \_\_\_\_\_

By checking each box after reading and completing each section, you agree to comply with all of these provisions:

Brief description of business, products produced, services provided: \_\_\_\_\_  
\_\_\_\_\_

Average Number of Employees: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

Check Types of Discharges into Sewer System: Sanitary Waste (Restrooms) \_\_\_\_\_ Non-Contact Cooling  
Water \_\_\_\_\_ Contact Cooling Water \_\_\_\_\_ Equipment Wash Down \_\_\_\_\_ Boiler Blowdown \_\_\_\_\_  
Process Waste (list types – be specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Daily Water Use: Gallons Per Day (GPD) \_\_\_\_\_

Are any of your process discharges regulated by Federal Categorical Discharge Standards?  Yes  No  
If yes, list standards \_\_\_\_\_

Are any of process discharges regulated by State or County Discharge Standards?  
State:  Yes  No County:  Yes  No  
If yes, list standard: State: \_\_\_\_\_  
County: \_\_\_\_\_

Will chemicals be used or stored on site?  Yes  No  
If yes, list chemicals that will be stored on site in quantities greater than one gallon on the back of this form.

Will flammable materials be used or stored on site?  Yes  No  
If yes, list flammable materials that will be stored on site in quantities greater than one gallon on the back of this form.

Will hazardous waste be generated as the result of any products being produced and/or any services being performed at  
this location?  Yes  No  
If yes, list the specific types generated on the back of this form.

Will all chemicals and flammable materials be stored in fire safety approved lockers?  Yes  No  
If yes, describe type and location of storage lockers. \_\_\_\_\_  
\_\_\_\_\_

Have the proper MSDS cards and information sheets for all chemicals and flammable materials used/stored at this  
location be attached to this form?  Yes  No

THE APPROVAL OF THE BUSINESS LICENSE APPLICATION WILL NOT BE FINALIZED UNTIL ALL OF THE  
REQUIRED MSDS CARDS AND INFORMATION SHEETS ARE PROVIDED TO THE TOWN.

**CHEMICALS USED/STORED MONTHLY**

Chemical Name	Amount Stored	Amount Used	Amount Produced
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FLAMMABLE MATERIALS USED/STORED MONTHLY**

Name	Amount Stored	Amount Used
_____	_____	_____
_____	_____	_____
_____	_____	_____

**HAZARDOUS WASTE GENERATED ON PREMISES / GENERATED MONTHLY**

Name	Expected Quantity	Method of Disposal
_____	_____	_____
_____	_____	_____
_____	_____	_____

This application shall be reviewed by Hinckley Town Planning & Zoning Commission for approval. A decision may be appealed and such appeal shall be applied for within 30 days of the Planning & Zoning Commission's decision.

Inspections may be performed without notice to ensure compliance to town ordinances.

**APPLICANT'S AGREEMENT**

This form is an application for a business license. The actual license will be issued only when the business is in compliance with all local, state, federal; fire and building codes and all inspections are completed and signed off by the various Town departments. Missing or incomplete information on the application may significantly increase approval time.

The Town shall not be required to issue a business license to any person when operation of the business for which application is made would constitute a use not permitted under the Hinckley Town Code, Title 10, Zoning Ordinances nor does issuance of a business license by the Town constitute a waiver of any zoning violations, nor does such issuance waive any valid zoning requirement.

No business license shall be transferred from one person to another or from one location to another.

I, the undersigned, hereby agree to conduct said Commercial Business strictly in accordance with all Hinckley Town codes governing such business and swear under penalty of law that the information contained herein is true and correct to the best of my knowledge. I understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. I also acknowledge the responsibility to renew the Hinckley Town business license on or before the expiration date of said business license.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Your Name: \_\_\_\_\_

THIS FORM WHEN COMPLETED BECOMES PART OF THE APPLICATION FOR A COMMERCIAL BUSINESS LICENSE IN HINCKLEY TOWN AND SHALL BE SUBMITTED TO ALL APPROVING ENTITIES AND DEPARTMENTS OF GOVERNMENT FOR REVIEW AND COMMENT PRIOR TO THE APPLICANT'S LICENSE BEING ISSUED.

**OFFICE USE ONLY**

Business License Application will go before the Hinckley Town Planning Commission, then to the Hinckley Town Council. The Planning and Zoning Commission meets on the second Wednesday of each month. The Hinckley Town Council meets on the first and third Thursday of each month.

Planning Commission: \_\_\_\_\_ Approved \_\_\_\_\_ Denied Date: \_\_\_\_\_

Town Council: \_\_\_\_\_ Approved \_\_\_\_\_ Denied Date: \_\_\_\_\_

Parcel ID # \_\_\_\_\_ Zone \_\_\_\_\_ Conditional Use Permit Required?  Yes  No

Reason/Comments: \_\_\_\_\_

Receipt #: _____	License #: _____
Received By: _____	Date: _____
Amount: _____	
Type of Payment:	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check # _____	
<input type="checkbox"/> XBP # _____	