



NIBLEY CITY
COMMERCIAL BUSINESS LICENSE APPLICATION

Date 2-14-14

REGISTERED BUSINESS NAME Utah Air Operating Co. DBA BullFrog Spas Logan

Location of Business 2690 S. Hwy 89/91
Street Number State Zip Code

Business Telephone (435-461-4051) Business Fax ()

Contact Person Tom Makin Title Manager Telephone ()

Type of Organization: Corporation Partnership Sole Proprietorship LLC

Utah State Sales Tax # 274903 Federal ID # 203922139 Employer Withholding No. 2039

Utah State License # _____ License Type _____ Expiration 22139

(If business is a corporation, partnership or LLC)

Parent Corporation Name Utah Air Operating Co.

Corporate Address 380 E 2000 N North Ogden Utah
Street Number State Zip Code

Corporate Telephone (801-737-4515) Corporate Fax ()

Corporate Contact Shawn Maynard Title owner Telephone (801) 458-4328

(If business is a sole proprietorship)

Name of Owner _____ Title _____ Telephone _____

SSN _____ DOB _____ DL # _____

State _____

Emergency Contact _____ Position _____

Telephone () _____ Email Address _____

Hours of Operation 10 AM - 6 PM M-S Number of FT Employees 1 Number of PT

Employees 2

Has this business been registered with the Utah State Commerce Department? Yes No

EPA Hazardous Materials on site? Yes No

Detailed description of business operation HOT TUB Spa Sales, Service and asso. Products

All Nibley City business licenses expire on December 31st of each year. Annual renewal of a business license is the responsibility of the business owner. Failure to receive a renewal notice does not excuse a business owner from renewal.

By signing this application, you agree to the following:

- I/We are aware that this application *does not constitute approval to operate a business.*
- I/We have read the following and agree to conduct business strictly in accordance with all ordinances, codes and regulations set forth by Nibley City, Cache County, the State of Utah, and Federal standards, whichever applies.
- I/We also agree that no other type of business will be conducted other than what has been stated above.
- I/We attest that all information on this application is true and correct.

Thomas L. Makin
Signature

2-14-14
Date

Thomas L. Makin
Print Name/Title

FOR OFFICE USE ONLY

Zone of Proposed Business: _____ Permitted Use?: Yes No
License Number: _____ Fees Paid: _____ Date Issued: _____
Expiration Date: _____
Comments/Conditions of License: _____

Shari Phippen, City Planner Date

Bill Saunders, Building Inspector Date

