

City of St. George Rental Dwelling Business License Application
175 East 200 North
St. George, Utah 84770
(435) 674-4740

Title 4 Chapter 7 Rental Fit Premises Ordinance Information Sheet

- The Rental Dwelling Business License Expires June 30.
- All rental dwelling units must be inspected prior to a license being issued.
- Rental Inspections must be scheduled within two (2) business days of application with The Code Enforcement Office. 435-627-4276
- All Rental Dwellings must be in compliance with the City Rental Dwelling Ordinance and any applicable laws within thirty (30) days of application.
- All changes to the Rental Dwelling Application must be made in writing to the City Business License Department.
- Change of ownership requires a new application within thirty (30) days.

The receipt for payment of the Rental Dwelling License fees does not constitute being approved to operate a business. The actual License will be issued only when all inspections are completed and signed off by the Code Enforcement Office and approval is given by the Business License Officer. The City of St. George shall not be held responsible for delays in processing an incomplete application, or for property improvements and other business expenditures occurring before the license application receives final approval.

To open and/or operate a Rental Dwelling Business without final approval of the license is a Class "B" misdemeanor and is subject to a \$1000.00 fine and/or six month sentence and administrative fines.

RENTAL DWELLING BUSINESS LICENSE APPLICATION

175 East 200 North St. George, Utah 84770

AN INSPECTION OF THE RENTAL UNIT MUST BE COMPLETED BY THE CODE ENFORCEMENT DEPARTMENT PRIOR TO APPROVAL OF THE RENTAL DWELLING LICENSE. THE RENTAL DWELLING UNIT MUST BE IN COMPLIANCE WITH THE RENTAL DWELLING ORDINANCE WITHIN 30 DAYS OF APPLICATION.

Rental Dwelling Units that are 10 years old or less do not require inspections

All information must be complete and accurate for application to be accepted

Property Owner/Applicant Information	
<i>Please Print</i>	Name: _____
Home Address _____	Mailing address if different _____
Home Phone _____	Cell Phone _____ Fax _____
E-Mail _____	
Ownership Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC	
Corporation Name (if applicable) _____	
(ALL owners other than applicant)	
<input type="checkbox"/> President <input type="checkbox"/> General Partner <input type="checkbox"/> Sole Proprietor	
Name _____	Home Phone _____
Home Address _____	
<input type="checkbox"/> President <input type="checkbox"/> General Partner <input type="checkbox"/> Sole Proprietor	
Name _____	Home Phone _____
Home Address _____	

Local Agent/Property Manager Information (Local Agent/Property Manager must reside within Washington County).

Name _____

Address _____

Business Phone _____ Cell Phone _____ Home Phone _____

License Fee: \$50.00 plus \$10.00 for the Local Agent/Property Manager

Inspection Fees: \$25.00 X number of units = _____

Total Due\$ _____

All applications and remittances are accepted subject to inspections and approval and do not constitute a license to do business. The foregoing is correct to the best of my knowledge. The applicant hereby acknowledges his/her responsibility to maintain the Rental Dwelling in compliance with all applicable laws and city ordinances.

Authorized Applicant Signature _____ Title _____ Date _____

License Number _____ License Officer _____ Date _____

PROPERTY INFORMATION APPLICATION

It is the responsibility of the Owner/Agent/Property Management to schedule inspections within 2 business days of submitting the Rental Dwelling Application to the Business License Office.

To schedule inspections please contact the Code Enforcement Office at 435-627-4276

_____ Condo _____ Duplex _____ Triplex _____ Fourplex _____ Single Family _____ Apartment _____ Other _____

Address of Rental Dwelling Unit(s) *(Please list all units at this address attach additional Property Information Sheet if required).*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Year Built 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

Name(s) of Occupants: (This information needs to be current at all times with the Business License Department)

Number of Occupants Per Unit 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

1. _____ / _____ / _____
2. _____ / _____ / _____
3. _____ / _____ / _____
4. _____ / _____ / _____
5. _____ / _____ / _____
6. _____ / _____ / _____
7. _____ / _____ / _____
8. _____ / _____ / _____

Office Use Only

Property Owner _____ Agent _____

Property Owner Phone _____ Agent Phone _____

Inspections have been scheduled for _____