



Temporary Merchants

- Temporary sales on private property within Brigham City limits
- Code allows for 7 consecutive days at the same location per quarter
- **MUST SUBMIT APPLICATION AT LEAST 10 DAYS PRIOR TO SALE DATE**
- Signs and banners must comply with City Code. Check with Community Development for the necessary requirements for temporary signage: call 801-734-6619
- All signage must comply with Brigham City Code. Food truck signage must be attached to the truck except for one menu sign that cannot exceed three feet by four feet (3'x4') and must be placed on a hard surface no more than ten feet from the vending unit. The menu sign must not be placed in the right-of-way.

Submit the following:

- Temporary Merchant Business License/Permit Application
- Letter of permission from the property owner
 - Owner may email permission directly to cchalfant@brighamcity.utah.gov
 - Letter must include permission to use restroom facilities on the property
- Simple drawing of sales site showing placement of temporary business on property, traffic flow, signs, etc.
- Temporary sales tax number from Utah State Tax Commission if merchant's sales tax number is for another municipality: call 801-297-6303
- If preparing food on site, include a copy of the following:
 - Health Department permit
 - Fire Inspection (for food trucks)



Issued _____	Approved _____
Business License/Permit No: _____	
Application License/Permit Fee _____	
Other Fee _____	
Total _____	
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Credit Bus. Code _____	
Receipt # _____	Date Rec'd _____
Zoning District _____	CUP # _____

TEMPORARY MERCHANT BUSINESS LICENSE/PERMIT APPLICATION
(Not for Event/Special Event Use)
7 Day Maximum per Quarter

DATE OF SALE: _____ LOCATION OF SALE: _____

Business Name _____

Business Owners Name _____ DOB _____

Mailing Address _____ Email Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Cell Phone Number _____

Federal ID _____ SSN or EIN _____

TEMPORARY SALES TAX # _____

Describe Business (Add additional pages as needed) _____

Signature of Authorized Agent/Owner _____ Date _____

Property Owner Information (Owner Authorization must be obtained and attached as part of application)

Property Owners Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Cell Phone Number _____

CITY APPROVAL _____ Date _____

Health Dept Primary Permit _____ Expires: _____ Liability Insurance _____

Health Dept Secondary Permit _____ Expires: _____ Insurance Expires: _____

Annual Fire Inspection _____ Expires: _____ Other: _____