



# BUSINESS LICENSE APPLICATION

Community Development Dept. • 55 South State Street • Clearfield, UT  
84015 Phone: (801) 525-2781 • Fax: (801) 525-2865 • www.clearfieldcity.org

## BUSINESS INFORMATION

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

**APPLICATION DATE:** \_\_\_\_\_ **TENTATIVE OPENING DATE:** \_\_\_\_\_  
**BUSINESS NAME:** \_\_\_\_\_ **DBA NAME:** \_\_\_\_\_

Has this name been registered with the State of Utah, Commerce Department?  Yes  No **Registration #:** \_\_\_\_\_  
If no, please apply at <http://www.business.utah.gov/registration>

**Sales Tax #:** \_\_\_\_\_ **EIN/Fed Tax #:** \_\_\_\_\_

**If Name and/or Address Change, List Previous Business Name/Address:** \_\_\_\_\_

**BUSINESS LOCATION:** Physical Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Primary Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Hours of Operation: \_\_\_\_\_ Days of Week: \_\_\_\_\_

**CONTACT/ MAILING INFO:** Address: \_\_\_\_\_ Suite #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Email Address: \_\_\_\_\_

Have you previously operated a business in Clearfield City?  Yes  No If Yes, Business Name: \_\_\_\_\_  
Year(s): \_\_\_\_\_ Address: \_\_\_\_\_  
Please estimate the Personal Property (trade fixtures/equipment) Value:  \$10,000+ or  less than \$10,000

### DETAILS OF BUSINESS LOCATION:

- Number of employees: \_\_\_\_\_
- Gross Floor Area: \_\_\_\_\_ square feet (Please provide a floor plan if space exceeds 1,500 sq. ft.)
- Is this a newly constructed building or individual tenant improvement?  Yes  No
- If No, what was the prior use of the building/space? \_\_\_\_\_
- Are there additional businesses within the same building?  Yes  No
- Will there be any changes/additions to existing signage?  Yes  No
- Will there be any changes/additions to the building or site?  Yes\*  No  
\*If yes, please explain: \_\_\_\_\_

**NOTE 1: All proposed signage (permanent or temporary) shall meet the requirements of Clearfield City Municipal Code and receive Planning Division approval. A building permit may also be required.**

**NOTE 2: All commercial spaces that have a remodel of any type are subject to a pre-occupation inspection by the Building Division.**

**TYPE OF BUSINESS:**  General (Commercial)  Home Based\*  Temporary / Seasonal\*  Beer\*  Public Lodging  
 Sexually Oriented Business\*  Sexually Oriented Business Employee\*  Firework Sales\*  Pawnbroker  Rental Dwelling\*  
 Solicitor's License\*

Describe Your Business In Detail: \_\_\_\_\_

Describe Any Outside Storage: \_\_\_\_\_

\*Attachment will also need to be completed and submitted along with this application

## IF APPLICANT IS A SOLE-PROPRIETOR, PLEASE COMPLETE THIS SECTION

Owner Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Owner Address: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**IF APPLICANT IS A CORPORATION/PARTNERSHIP/LIMITED LIABILITY, PLEASE COMPLETE THIS SECTION:**

Corporate Name: \_\_\_\_\_  
Corporate Officers/Partners/Members: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
Corporate Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Licensing Officer/Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**PUBLIC SAFETY INFORMATION**

**EMERGENCY INFORMATION**

In the event of a police or fire emergency, the information you provide assists us in contacting you. Ideally, the first contact person should be able to respond to the business in a short amount of time and have the necessary keys or alarm codes to enter the building.

**1<sup>st</sup> CONTACT PERSON:** Name (Last, First, MI): \_\_\_\_\_  
Position:  Owner  Manager  Employee  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Day-Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
After Hours Phone: \_\_\_\_\_ After Hours Pager/Cell: \_\_\_\_\_

**2<sup>nd</sup> CONTACT PERSON:** Name (Last, First, MI): \_\_\_\_\_  
Position:  Owner  Manager  Employee  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Day-Time Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
After Hours Phone: \_\_\_\_\_ After Hours Pager/Cell: \_\_\_\_\_

Is there a security alarm system?  Yes  No If yes, please list the alarm company's name and number:  
Name: \_\_\_\_\_ Number: \_\_\_\_\_

Who is the responsible party, if different from contact person #1 or #2 as listed above?  
Name: \_\_\_\_\_ Number: \_\_\_\_\_

Is this building equipped with a Fire Sprinkler System?  Yes  No  
Is this building equipped with a Fire Alarm System?  Yes  No

**APPLICANT'S AGREEMENT**

These forms including any supplemental applications are for a business license. The actual license will be issued only when the business is found to be in compliance with all local, state, and federal building codes and zoning ordinances and all inspections are completed and approved by the necessary City departments. Missing or incomplete information on this application may significantly increase approval time.

It is unlawful for any person to engage in business within the city without first obtaining a license. (Clearfield City Code 4-1-4)

Business licenses shall not be transferred from one person to another. (Clearfield City Code 4-1-12)

I, the undersigned, hereby agree to conduct said business strictly in accordance with all Clearfield City codes governing such business, and swear under penalty of law that the information contained herein is complete, truthful and accurate to the best of my knowledge and current belief. 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 Clearfield City business license, which shall be valid for a period of twelve months from the date of issuance, and must be renewed on an annual basis to remain valid. If the renewal fee, plus any disproportionate fee due, is not paid within 45 days after expiration, a penalty fee of 50% of the total amount due shall be imposed and shall become part of the license fee.

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

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

**OFFICE USE ONLY**

Planning Division: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
Building Division: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
Police Department: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
Licensing Officer: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
Land Use Zone: \_\_\_\_\_ Conditional Use Permit Required?  Yes  No  
Site Plan Required?  Yes  No  
Health Dept Approval?  Yes  No  N/A  
Reason/Comments: \_\_\_\_\_  
\_\_\_\_\_

Receipt #: \_\_\_\_\_  
Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Type of Payment:  
 Cash  Check # \_\_\_\_\_  Credit Card  
License #: \_\_\_\_\_

## ADDITIONAL INFORMATION FOR BEER LICENSE

Name of Person Responsible for Business\*: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Gender:  Male  Female

Prior Address: (last 2 years)

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

**\*ANY APPLICANT APPLYING FOR A BEER LICENSE IS REQUIRED TO SUBMIT A BCI REPORT. INFORMATION ON HOW TO OBTAIN THIS REPORT IS ATTACHED.**

List name, address and date of birth of all employees: (or attach a list)

List name, address and date of birth of all partners: (or attach a list)

## CLASS E BEER LICENSE

If applying for a CLASS E (TEMPORARY SPECIAL EVENT) beer license please complete the following:

Describe the times, date, location, estimated attendance, nature and purpose of the temporary special event: \_\_\_\_\_

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Describe the area in which the applicant proposes beer to be stored, sold or dispensed, and consumed: \_\_\_\_\_

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I consent authorized license inspectors to have unrestricted right to enter and inspect the premises during the temporary special event.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## OFFICE USE ONLY

Police Clearance: \_\_\_\_\_

Date: \_\_\_\_\_

Police Chief: \_\_\_\_\_

Date: \_\_\_\_\_