



# 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 #: \_\_\_\_\_

## AGREEMENT FOR HOME OCCUPATION PERMIT

All home occupations shall comply with the following regulations as listed in 11-16-3:

1. Employees: Only bona fide residents of the dwelling unit and up to one (1) nonresident may be employed on the premises.
2. Dwelling Character: The home occupation shall not physically change the dwelling to the extent that it would alter the residential character of the neighborhood in which it is located. Furthermore, it shall not unreasonably disturb the peace and quiet of the neighborhood by reason of signage, color, design, materials, construction, lighting, sound, noises or vibrations. (Ord. 90-13, 11-13-1990)
3. Useable Area: The home occupation shall be conducted wholly within the primary structure on the premises as a permitted use and shall not exceed twenty five percent (25%) of the total finished floor area of the primary structure.
4. Inventory And Supplies: Inventory and supplies for the home occupation shall not occupy more than fifty percent (50%) of the useable area.
5. Display Of Goods: There shall be no external display of goods, wares or merchandise upon the premises.
6. Advertising: No sign or advertising shall be displayed on the premises other than signs permitted in residential zones in accordance with Chapter 15 of this Title.
7. Traffic: The home occupation shall not generate vehicular traffic significantly in excess of that which is normally generated by a residential use. The home occupation shall not generate frequent deliveries by large vehicles.
8. Parking: All vehicles of customers or residents must be parked in authorized portions of the lot upon which the home occupation is located. (Ord. 90-13, 11-13-1990)
9. Compliance with Other Codes: There shall be complete conformity with the currently adopted building code, fire code, plumbing code, mechanical code, national electrical code and Davis County and State health codes, and to all State and City ordinances.
10. Health and Safety: The home occupation shall not be associated with noise, dust, odors, noxious fumes, glare or other hazards to safety and health, which are emitted and may be discernable beyond the premises. The home occupation shall not create a hazard by using or storing flammable, explosive or other dangerous materials in quantities that exceed those which may normally be found in a residence, or by keeping, raising or storing animals which are capable of inflicting harm or discomfort, or endangering the health and safety of any person or property.
11. Municipal Services: The home occupation shall not create a demand for municipal or utility service or community facilities in excess of those usually and customarily provided for residential use.
12. Special Fixtures: The home occupation shall not involve the installation on the exterior of the dwelling of special equipment and/or fixtures or plumbing or electrical wiring for such special fixtures or equipment which are not ordinarily or customarily used in a dwelling.

The use of a garage, carport, and/or accessory structure in a home occupation shall require a Conditional Use Permit. The Conditional Use Permit application shall be made in accordance with the provisions of Chapter 4 of this Title.

CLEARFIELD CITY CORPORATION  
55 SOUTH STATE STREET  
CLEARFIELD, UT 84015

Home Occupation Permit Application  
Business License Office  
Phone (801)525-2781

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Applicant: \_\_\_\_\_

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

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

Property Owner: \_\_\_\_\_

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

Nature of Business: \_\_\_\_\_

Conditions or Limitations (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that I have read the requirements for operating a business at my residence and that I am in compliance with such requirements. I also agree to periodic inspections of my premise by the Clearfield City Community Development Department to verify compliance with the Clearfield City Zoning Ordinances.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Owner Signature

\_\_\_\_\_  
Date

\*If renting, please obtain property  
owner/manager's signature.

## Home-Based Business Licensing Fee Exemption

Certain home-based businesses are exempt from licensing fees. In order to qualify for the exemption, the following criteria must be met:

1. No customers will visit the home;
2. The business will not create dust, noise, odors, or other detrimental impacts to surrounding properties; and
3. There will be no outdoor storage associated with the business.

If your home-based business qualifies for the exemption, please acknowledge your understanding of these criteria.

\_\_\_\_\_  
Business Owner

\_\_\_\_\_  
Date

**Business Name:** \_\_\_\_\_ **License #** \_\_\_\_\_