



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.

1st 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: _____

2nd 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 (25) percent 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

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.