



# 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 A SEXUALLY ORIENTED  
BUSINESS EMPLOYEE LICENSE (1 of 2)**

ADDITIONAL APPLICANT INFORMATION:

Other names or Aliases: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair: \_\_\_\_\_ SS#: \_\_\_\_\_

Present Business Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Present Business Phone: \_\_\_\_\_

Previous Business, Occupation or Employment History: Provide a statement detailing your past employment history for the last 3 years preceding the date of the application. (Please attach additional sheets if more space is needed to complete this section.)

Company Name: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date of Employment: \_\_\_\_\_

License and Permit History: A statement detailing the license or permit history of the applicant for the five (5) year period immediately preceding the date of the filing of the application, including whether such applicant previously operating or seeking to operate, in this or any other county, city, state or territory, has ever had a license, permit or authorization to do business denied, revoked, suspended or been charged with doing business without a license, or has had any professional or vocational license or permit denied, revoked or suspended. In the event of any such denial, revocation, suspension, or charge, state the date, the name of the issuing or denying jurisdiction, and state in full the reasons for the denial, revocation, suspension or charge. A copy of an order of denial, revocation, suspension or charge shall be attached to the application. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Criminal Convictions: All criminal convictions or pleas of nolo contendere (no contest), except those which have been expunged, and pleas that are currently being held in abeyance and have not yet been dismissed, for the applicant, individual or other entity subject to disclosure under this chapter for five (5) years prior to the date of the application.

Date	Place	Nature of Offense	Convicting Jurisdiction	Disposition of Conviction
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TYPE OF LICENSE: (Please indicate the type of license for which you are applying)

- An employee providing outcall business services away from the premises of the outcall business.
- Adult business employees, outcall business employees requiring a license but not performing any services outside the licensed premises, nude entertainment business employees requiring a license but not individually providing nude entertainment services to patrons, semi-nude dancing bar employees requiring a license but who are not performers and employees of nude and semi-nude dancing agencies requiring licenses but who are not performers.
- Employee of a nude entertainment business who personally provides nude entertainment to patrons.
- Professional dancer performing in a semi-nude dancing bar.

**ADDITIONAL INFORMATION FOR A SEXUALLY ORIENTED  
BUSINESS EMPLOYEE LICENSE (2 of 2)**

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

**ATTACHMENTS REQUIRED:**

- Proof of Age
- Two color photographs of the applicant
- Individual's fingerprints
- Background check from BCI
- Health Department Certificate (required for escorts and nude entertainers)

**OFFICE USE ONLY**

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

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

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

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

Business License: \_\_\_\_\_

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



## Instructions for Application for Criminal History Record

Enclosed is an application for Criminal History Record from the State of Utah, Department of Public Safety, Bureau of Criminal Identification. Please complete all of the steps described below. Failure to properly complete one of the steps may cause a delay in processing your application.

1. Fill out the top portion of the application. List all of your previous names including married and maiden names. Be sure to read and sign the application.
2. Take the application to a law enforcement agency such as your city police department or county sheriff's office. Request that they print the four fingers of your right hand on the space provided. Make sure the law enforcement official who takes your fingerprints fills out the portion of the application labeled "OFFICIAL TAKING PRINTS." Valid government-issued photo ID must be provided (for example, passport, state ID card, consulate ID card, and driver license.) **"Utah Driving Privilege Cards" WILL NOT be accepted by BCI as valid ID. Driving Privilege Cards state on them that they are not to be used as ID. NOTE:** The fingerprints may be taken at our office, Bureau of Criminal Identification, 3888 West 5400 South, Taylorsville, Utah.
3. The application fee is \$15.00. Select a method of payment by making a check mark in the appropriate box. Checks and money orders must be US Currency and be made payable to "Utah Bureau of Criminal Identification." To pay by credit card (Visa or MasterCard), please fill out the requested information on the application. Credit card numbers must include: the signature of the cardholder, the three-digit control number located on the back of the card, the expiration date, and the zip code of card billing address; **sorry we cannot accept credit cards outside of the US.** Cash is accepted only when applying in person. **DO NOT SEND CASH IN THE MAIL.**
4. Your report will be mailed to the mailing address indicated on the application form. If the information needs to be sent to a third party, the third party release form must be filled out and submitted along with your application.
5. Mail the application, fee and release form (if applicable) to:

UTAH BUREAU OF CRIMINAL IDENTIFICATION  
3888 West 5400 South  
Taylorsville, Utah 84129

The report cannot be faxed or sent by e-mail.

If you have questions you may call (801) 965-4445 from 8:00 AM - 5:00 PM Monday-Friday.  
Our office is closed weekends and holidays.  
You may also visit our website at <http://publicsafety.utah.gov/bci/>

**The Bureau of Criminal Identification does not maintain juvenile offender records.  
Requests for such records must be made directly to the Juvenile Court.**

