



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:

1. Number of employees: _____
2. Gross Floor Area: _____ square feet (Please provide a floor plan if space exceeds 1,500 sq. ft.)
3. Is this a newly constructed building or individual tenant improvement? Yes No
4. If No, what was the prior use of the building/space? _____
5. Are there additional businesses within the same building? Yes No
6. Will there be any changes/additions to existing signage? Yes No
7. 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 #: _____

ADDITIONAL INFORMATION FOR A SOLICITOR'S LICENSE (1 of 2)

Proof of Identity:

- Driver's License issued by any State
- Passport issued by the United States
- Identification Card issued by any State
- Identification issued by a branch of the United States Military

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

MARKETING INFORMATION

Please list the goods or services offered, including any commonly known, registered or trademarked names: _____

Please describe any other licenses, permits, registrations, or other qualifications required by federal or state law to promote, provide, or render advice regarding the offered good or services: _____

RESPONSES TO QUESTIONS REGARDING DISQUALIFYING STATUS

Applicant shall be required to answer each of the following questions. Answering YES will result in denial of this application.

1. Has the applicant been criminally convicted of: Yes No
 - (i) felony homicide,
 - (ii) physically abusing, sexually abusing, or exploiting a minor,
 - (iii) the sale or distribution of controlled substances, or
 - (iv) sexual assault of any kind?
2. Are any criminal currently pending against the applicant for: Yes No
 - (i) felony homicide,
 - (ii) physically abusing, sexually abusing, or exploiting a minor,
 - (iii) the sale or distribution of controlled substances, or
 - (iv) sexual assault of any kind?
3. Has the applicant been criminally convicted of a felony within the last ten (10) years? Yes No
4. Has the applicant been incarcerated in a federal or state prison for any reason within the past five (5) years? Yes No
5. Has the applicant been criminally convicted of a misdemeanor within the past five (5) years involving a crime of: Yes No
 - (i) moral turpitude,
 - (ii) violent or aggravated conduct involving persons or property?
6. Has a final civil judgment been entered against the applicant within the past five (5) years indicating that: Yes No
 - (i) the applicant had either engaged in fraud or intentional misrepresentation, or
 - (ii) that a debt of the applicant was non-dischargeable in bankruptcy pursuant to 11 USC section 523(a)(2), (a)(4), (a)(6), or (a)(19)?
7. Is the applicant currently on parole or probation to any court, penal institution, or governmental entity, including being under house arrest or subject to a tracking device? Yes No
8. Does the applicant have an outstanding arrest warrant from any jurisdiction? Yes No
9. Is the applicant currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction? Yes No

ADDITIONAL INFORMATION FOR A SOLICITOR'S LICENSE (2 of 2)

Written Disclosures:

- A. I understand by submitting this application, I authorize the city to verify information submitted with the completed application including:
 - (i) the applicant's address;
 - (ii) the applicant's and/or responsible person or entity's state tax identification and special use tax numbers, if any;
 - (iii) the validity of the applicant's proof of identity.
- B. The city may consult any publicly available sources for information on the applicant, including but not limited, to databases for any outstanding warrants, protective orders, or civil judgments.
- C. Establishing proof of identity is required before registration is allowed.
- D. Identification of the fee amount that must be submitted by applicant with a completed application.
- E. The applicant must submit a BCI background check with a completed application.
- F. To the extent permitted by State and/or federal law, the applicant's BCI background check shall remain a confidential, protected, private record not available for public inspection.
- G. The City will maintain copies of the application forms, proof of identity, and identification badge. These copies will become public records available for inspection on demand at the City offices whether or not a license is granted, denied, or revoked.
- H. The criteria for disqualifying status, denial, or revocation of a license under the provisions of Chapter 8, Title 4.

Applicant Signature: _____ 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.**

