



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 #: _____

ADDITIONAL INFORMATION FOR A TEMPORARY OR SEASONAL MERCHANT OR MOBILE FOOD VENDOR LICENSE

Temporary or Seasonal Merchant and Mobile Food Vendor Licenses are valid for a 180 day period.

Beginning Date: _____

Ending Date: _____

PROPERTY OWNER PERMISSION

I, _____ certify that I am the owner of real property at _____.
(Property Owner) (Property Address)

I hereby grant permission for _____ to conduct business from this address for a period of
(Temporary/Seasonal Merchant/Mobile Food Vendor)

180 days beginning _____ and ending _____.

Property Owner Signature: _____

Date: _____

PERMISSION FOR USE OF RESTROOM FACILITY

I, _____ hereby grant permission to _____ for access
(Person Granting Permission) (Temporary/Seasonal Merchant/Mobile Food Vendor)

of the restroom facility located at _____. This facility is located _____ feet from the business
(Property Address)

location and shall be available during all hours of operation.

Signature: _____

Date: _____

SITE PLAN REQUIREMENTS

Please attach a detailed site plan, drawn to scale, showing the property and its existing features (i.e. buildings, parking stalls, drive aisles, sidewalks, fire hydrants); the exact location of the vendor in relation to buildings, sidewalks, roadways, driveways, fire hydrants and other important features on the property; all components of the business with sizes/dimensions (i.e. temporary structure, storage bin, trash receptacle, required parking stalls); and photographs and/or illustrations showing all components of the business (i.e. temporary structure, storage bin, trash receptacle, signage). The site plan and photographs/illustrations shall include all information necessary to show compliance with the applicable zoning requirements set forth in Title 11 of this Code.

ELECTRICAL PLAN

Will this business require an electrical connection? Yes No

If so, please provide an electrical plan showing the power source, how it is connected to the temporary structure, how it is protected from the elements, wire size and location. An electrical permit may be required.