

BUSINESS LICENSE CHECK LIST

- REGISTRAR WITH THE STATE OF UTAH (CHECK TO SEE IF DOPL (DEPT. OF PROFESSIONAL LICENSING), SALES TAX, OR FEDERAL ID NUMBERS OR CERTIFICATES IS NEEDED)

www.business.utah.gov/registration

Department of Commerce: Heber M. Wells Building 160 East 300 South PO Box 146701
Salt Lake City, Utah 84111 (801)530-4849 Toll Free (877) 526-3994

- FILL OUT ALL **THREE** PAGES OF LOCAL BUSINESS LICENSE PACKET (will not be processed without all three)
- ATTACH ANY LICENSES OR INSURANCE REQUIRED TO PASS THROUGH PLANNING & ZONING AND/OR BUILDING DEPARTMENT (see business license application for specifics)
- READ DUCHESNE COUNTY ORDINANCES SO YOU KNOW WHAT APPLIES TO YOUR BUSINESS

- REMEMBER ...IF YOU GO OUT OF BUSINESS OR CHANGE NAMES OR OWNERSHIP, BOTH THE STATE OF UTAH AND LOCAL BUSINESS LICENSE CLERK WILL NEED TO BE NOTIFIED**



DUCHEсне COUNTY BUSINESS LICENSE APPLICATION

Business License Clerk, PO Box 270, 734 North Center, Duchesne, Utah 84021

Phone: 435 738-1228 Fax: 435 738-5522

Dates to be covered by license are from the date of approval to December 31 of current year.

**While applying for a license you must submit a Duchesne County Business License Zone Clearance form.
A copy of the approved Duchesne County Business License Zone Clearance must be attached to this original application.
Copies of all applicable licenses and proof of insurance must be attached to this application.**

BUSINESS LICENSE INFORMATION -please print all information.

Business Description: _____

Business Name (DBA): _____

Business Physical Address: _____ city/town _____ zip code _____

Business Mailing Address: _____ city/town _____ zip code _____

Business Phone # _____ Cell # _____ Fax # _____ Email _____

Business Property Owner: _____ Approval: YES NO Phone #: _____

Applicable licenses attached: **Contractor** **Daycare** **Kennel** **Food Handlers** **other** _____

Transportation or recreation business proof of vehicle/equipment insurance and/or liability certificate: **Attached** YES NO

Number of trucks in service _____ Number of units (rental properties only) _____

Other names business has been known by: _____

HOME BASED BUSINESS: Your business is only classified as home based if **ALL** your business activity including manufacture, storage, sales, etc. takes place solely within the confines of your home. **NOTE:** An internet business is not classified as a home based business. Under these conditions, do you declare your business home based? YES NO

If you checked yes, what are your gross annual receipts? _____.

APPLICANT INFORMATION-please print all information

Name of applicant or legal agent (s): _____

Mailing address _____ city/town _____ zip code _____

Applicant phone # # _____ Cell # _____ Fax # _____ Email _____

Applicant must supply one form of certifiable Identification:

Social Security # _____ OR *Valid* Drivers License # _____ State: _____

Type of Organization: Entity # _____ **Sole Prop.** **Corp.** **Limited Liability Company** **Partnership**

State Sales tax # _____ Federal # _____ Professional License # _____

Name of Firm or Partnership Members: _____

I hereby make application for a business license within the corporate limits of Duchesne County, Utah, and outside the limits of incorporated cities and towns, and Chapter 5 of the "Duchesne County Code" for the type of business listed.

A license shall not be issued, nor shall any business activity occur where a business fails to comply with any state or local laws or regulations as administered by the following county offices: Business Licensing Department, Planning & Zoning Department, Building Inspection, Health, Sheriff, Fire Marshal, and Duchesne County Commission: nor shall a license be issued when, due to failure to comply, the business is disapproved by one of the said offices. A license shall not be issued to any applicant who has been convicted of a felony. If the license or license renewal is disapproved and not issued, the fee shall be returned to the applicant.

Any application for a business license or license renewal shall constitute an irrevocable consent of the owner and their agent(s) for such entry and inspection at reasonable times, until the license is disapproved, expired or revoked.

As the business owner or responsible agent, I hereby certify that the information submitted in this application is accurate and I agree to abide by the terms and conditions of any business license issued as a result of said information. I understand that this application must be approved and a valid Duchesne County Business License issued before business activities may commence at this location.

I hereby certify that I have not been convicted of a felony within the last five (5) years.

Applicants Signature: _____ Date: _____

APPEALS MUST BE MADE TO THE LICENSING DEPARTMENT & COUNTY COMMISSION WITHIN 45 DAYS FROM DATE OF DISAPPROVAL

OFFICE USE ONLY

ACTION ON BUSINESS LICENSE APPLICATION: *Approved* *Disapproved* *Rec'd Date:* _____

Zone Clearance attached *Fee assessed \$* _____ *License #* _____

Business License Clerk: _____ *Date:* _____

BUSINESS NAME: _____ APPLICANT NAME _____



DUCHEсне COUNTY BUSINESS LICENSE ZONE CLEARANCE

Business Licensing Clerk, PO Box 910, 734 North Center, Duchesne, UT 84021.

Phone: (435)-738-1120; Fax: (435)-738-5522

APPLICANT: PLEASE PRINT & COMPLETE ALL BLANKS INSIDE THIS BOX

Date of Application _____ Property Tax Serial # _____

Applicant's Name _____ Phone _____ Cell _____ Fax _____

Applicant's Mailing Address _____ City _____ State _____ Zip _____

Physical Address of Proposed Business: _____

Mailing Address of Proposed Business: _____

Name of Property Owner: _____

Property Owner Physical/Mailing Address: _____

List type of business and describe all business activities (future activities not listed may not be allowed):

Is this activity a new use for this location? _____ If yes, what was its previous use? _____

Is property owned by applicant or leased? _____

Will business activity be conducted within a structure? _____ Type of structure: _____

Will there be outdoor storage or activity associated with the business? _____ If yes, explain: _____

If using an accessory building on a lot with a dwelling, Sq. Ft. of structure: _____ Are structure(s) currently existing? Yes or No

If the activity is a restaurant, what is the total seating capacity? _____

Visiting clientele? _____ Frequency and amount: _____

Is there adequate off-street parking for your use? _____ How many spaces? _____

Are there existing signs on the premises of your business? _____ Signage plans? _____

Amount, type and size of vehicle(s) to be used including trailer(s): _____

For Home-based business only: Will there be exterior display or storage of goods on the premises? If yes, explain: _____

For Home-Based business only: Other than those related by blood, marriage or adoption, will more than five people be employed on the premises?

Applicants Certification: I certify that the information stated in this box is true and accurate. Should a Preliminary Business License Zone Clearance be issued, I understand that any permit for a building, business license or use issued on the basis of this clearance authorizes only the use, arrangement and construction set forth hereon and only in accordance with applicable State and County regulations. I also understand that this is not a business license and that I cannot begin operation of the business until an approved business license is issued.

Applicant's Signature: _____

For an approved business license you must submit this approved application, license application and fee to our office (6 working days to process).

REVIEW Planning & Zoning Department

STATUS: * _____

COMMENTS: _____

ZONING OFFICIAL: _____ DATE: _____

BUILDING INSPECTION: _____ DATE: _____

*DECISION MAY BE APPEALED TO THE DUCHEсне COUNTY COMMISSION WITHIN 45 DAYS WHICH TIME RUNS FROM THE DATE OF THIS DECISION.



DUCHEсне COUNTY ASSESSOR

Gregory D. Garff

PO Box 998
Duchesne, UT 84021
(435) 738-1110

Congratulations on the establishment of your new business. We at the County Assessor's Office wish you the best of fortune as your business grows.

To smooth your path, you should be aware of the following statutory provisions relating to business:

****Utah Code Annotated 59-2-101 et seq. Requires that each business pay property tax on the equipment and fixtures used in its operation.**

****To assist the Assessor in determining what taxable equipment you have, Utah Code requires you to file an affidavit each year with the Assessor's Office.**

****Business names are also picked up through phone listings and state and local government agencies. Property that has escaped taxation can be picked up and back billed to you with interest and penalties.**

****The responsibility for business taxes is a personal obligation of the business owner.**

Please complete this form and we will send you an affidavit at the time that it is due. If you have any questions, please call 435-738-1110.

Name of Business _____

Owner's Name _____

Address of Personal Property _____

Mailing Address (If different) _____

Telephone Number _____

Beginning Date of Business _____

Type of Business _____

What type of equipment do you have? (i.e. computers, machinery, furniture, file cabinet, manufacturing equipment.) _____
