

BUSINESS NAME: _____ APPLICANT NAME _____



DUCHESNE COUNTY BUSINESS LICENSE ZONE CLEARANCE

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

Phone: (435)-738-1228; 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 DUCHESNE COUNTY COMMISSION WITHIN 45 DAYS WHICH TIME RUNS FROM THE DATE OF THIS DECISION.