



BUSINESS LICENSING OFFICE

185 EAST MAIN, P.O. BOX 893

PRICE, UTAH 84501

PHONE: (435) 636-3183, FAX: (435) 637-2905, email jacia@priceutah.net

www.pricacityutah.com

HOW TO APPLY FOR A PRICE CITY BUSINESS LICENSE

Thank you for choosing Price City for your business endeavor. This checklist and packet will provide you with information needed to apply for a business license. Please note that there may be additional regulations depending on your type of business. We hope your experience will be a positive and prosperous one.

COMMERCIAL AND HOME OCCUPIED BUSINESSES

Planning and Zoning Steps

- Complete the Conditional Use Permit Application.
- Complete the Home Occupied Business Questionnaire and Fire Safety Question-Aire, if applicable.
- Pay all applicable fees at the Price City Utilities Department at City Hall, 185 East Main.
- Meet with the City Recorder, or Community Director, at City Hall, 185 East Main, to be added to the Planning and Zoning Commission agenda.
- Attend** your scheduled Planning and Zoning Commission meeting.
- Contact Nick Tatton (435) 636-3184 with any question about Planning and Zoning or Conditional Use Permit.

Business Registration Steps

- Register your business name with the Utah Department of Commerce (801) 530-6701.
- Obtain a Federal Employer Identification Number, if applicable to your business, from the IRS (801) 799-6963.
- Obtain a Utah State Sales Tax ID Number, if applicable to your business, from the Utah State Tax Commission (801) 297-2200.

Use the convenient **OneStop Online Business Registration** www.corporations.utah.gov, or contact the respective offices, at the numbers listed above, for more information

Business License Application Steps

- Complete the Business License Application.
- Courtesy Inspection, contact Carbon County Building Department, 435-636-3260.
- Complete the Consent to a Background/Criminal History Check.
- Include a **copy** (copies will not be made for you) of the following with your business license application:
 - State name registration, or stamped articles of incorporation (only page showing name)
 - Federal Employer Identification Number
 - State Sales Tax ID Number, or proof of exemption, showing Price City as point of sale
 - Professional license, if applicable
 - Driver's License
- Return completed applications to the Business Licensing Officer, located at City Hall, 185 East Main, Room 202, **Monday thru Friday**, and **inquire of the fee amount for your business**.
- Pay all applicable fees at the Price City Utilities Department at City Hall, 185 East Main.
- Attach a letter from property owner giving permission for you to operate your business on their property.
- Attach final inspection from Building Inspector and Fire Chief. Call Carbon County at (435) 636-3200 to schedule building inspection and Chief Petersen at (435) 636-3187 for fire inspection.
- Food Establishments must provide ServSafe or equivalent certification.
- A business license will be mailed to you when approvals have been received from the Business Licensing Officer, Planning and Zoning Commission, Building Inspection, Public Safety and Fire Departments, City Council and any other required departments or agencies.
- Only completed legible applications, with all fees paid, will be considered for approval. Partial applications will not be accepted.**

Account No: _____
 Business Activity: _____
 Fee: _____
 CC Approval: Yes No Date: _____
 License Sent: _____
 Health Dept: _____



BUSINESS LICENSE APPLICATION

Send all completed and properly signed forms (including attachments as necessary) along with applicable licensing fees to: Price City Business Licensing, P.O. Box 893, 185 East Main, Price, UT 84501. For questions call (435) 636-3183.

PLEASE TYPE OR PRINT LEGIBLY, ONLY COMPLETED, LEGIBLE APPLICATIONS, WILL BE CONSIDERED FOR APPROVAL.

| <i>Business Information</i> | | | |
|--|---|--|----------------------------|
| Business Status: <input type="checkbox"/> New Business <input type="checkbox"/> Location Change <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change | | | |
| Business Name <i>(include DBA)</i> : | | | |
| If Name Change, list previous name: | | | |
| Business Address: | | | Suite/Apt. No.: |
| City: | State: | Zip Code: | |
| Business Telephone: () | Business E-mail: | Business Fax: | |
| Mailing Address <i>(if different)</i> : | | City: | State: |
| Property Owner's Name: | | Property Owner's Telephone: () | |
| Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <i>(Include copy of name registration with the State of Utah)</i> | | | |
| Type of Business: <input type="checkbox"/> Commercial <input type="checkbox"/> Home Occupation <input type="checkbox"/> Reciprocal | | | |
| Nature of Business: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Services <input type="checkbox"/> Other | | | |
| Opening Date: _____ Business Hours: From _____ To _____ M T W TH F S SU <i>(please circle)</i> | | | |
| Detailed Description of Business: | | | |
| Commercial Square Feet: | No. of Arcade Games, Pool Tables, Etc.: | No. of Vending Machines: | No. of Mobile Home Spaces: |
| No. of Rental Units: | No. of RV Spaces: | No. of Motel Rooms: | No. of Beds: |
| State Sales Tax I.D. No. <i>(Include copy or proof of exemption)</i>: | | Federal Tax I.D. No. <i>(Include copy)</i>: | |
| State License No. <i>(Include copy)</i>: | | State License Type: | |
| THE FOLLOWING LICENSES ARE SUBJECT TO ADDITIONAL REQUIREMENTS. Please contact the Business Licensing Officer (City Recorder) at (435) 636-3183, or 185 East Main, for more information. Check all that apply. | | | |
| <input type="checkbox"/> Alcoholic Beverages <input type="checkbox"/> Eating Establishment <input type="checkbox"/> Amusement Center <input type="checkbox"/> Pawnbroker <input type="checkbox"/> Sexually Oriented Business | | | |

If applicant is a SOLE PROPRIETOR, complete this section.

| | | |
|------------------------------|--|-----------------|
| Owner's Name: | | |
| Owner's Address: | | Suite/Apt. No.: |
| City: | State: | Zip Code: |
| Owner's Telephone: () | Owner's E-mail: | Owner's Fax: |
| Owner's Birth Date: | Owner's Driver's License No. <i>(include state & provide copy)</i> : | |

Manager Information (if applicable)

| | | |
|-----------------------------|---|-----------------|
| Manager's Name: | | |
| Manager's Address: | | Suite/Apt. No.: |
| City: | State: | Zip Code: |
| Manager's Telephone: () | Manager's E-mail: | Manager's Fax: |
| Manager's Birth Date: | Manager's Driver's License No. <i>(include state)</i> : | |

If applicant is a CORPORATION, PARTNERSHIP, OR LLC, complete this section.

| ALL OFFICERS (First/Middle/Last) | HOME ADDRESS (City, ST, Zip) | HOME TELEPHONE |
|----------------------------------|------------------------------|------------------------------------|
| 1. | | () |
| 2. | | () |
| 3. | | () |
| TITLE | DATE OF BIRTH (MM/DD/YYYY) | DRIVERS LICENSE NO. (Include copy) |
| 1. | / / | # ST |
| 2. | / / | # ST |
| 3. | / / | # ST |

I am aware that this application does not constitute approval to operate a business. I hereby agree to conduct said business strictly in accordance with the laws and ordinances covering such business and swear under penalty of law that the information contained herein is true.

Signature of Owner/Agent Date

Please Print Name Title

Please allow at least 10 working days for your application to be processed after submitting all fees and paperwork.

All licenses are issued for the calendar year and are renewable on or before December 31. Responsibility of renewal is that of the licensee and failure to receive notice does not excuse this responsibility.



PRICE CITY POLICE DEPARTMENT
910 NORTH 700 EAST
PRICE, UTAH 84501
(435) 636-3190

CONSENT TO A BACKGROUND/CRIMINAL HISTORY CHECK

I hereby consent to a background security and criminal history check to be performed by the Price City Police Department in connection with my business license application.

Dated this _____ day of _____, 20 _____.

Signature

(Please Print Name)