



**UINTAH COUNTY
BUILDING & ZONING**
152 East 100 North, Vernal, Utah 84078
435-781-5336 Fax 435-781-5352

STEPS TO OBTAINING A UINTAH COUNTY BUSINESS LICENSE

STEP ONE:

Determine if you need a Conditional Use Permit.

At the time of applying for the business license, it will need to be determined whether or not a CUP should be issued. This will be determined by the type of business and zoning of the property on which the business is located. Please ask the Building & Zoning Department for this information.

STEP TWO:

Register your business with the STATE.

Each business must first be registered with the State of Utah. This will ensure that the DBA (Doing Business As) name for your business is valid.

Go to <https://secure.utah.gov/osbr-user/user/welcome.html>. There are a series of questions for you to answer. Print out your registration they provide and bring a COPY in with your COMPLETED application.

*If you do not have access to computer, you can complete a form provided by the Building & Zoning Department. If you fax your paperwork to the **state** it will take up to two weeks; mailing will take up to eight weeks.*

FAX to: ATTN: Master File, 1-801-297-3573

MAIL to: Utah State Tax Commission
210 North 1950 West
Salt Lake City, UT 84134-3310

Contact phone number: 1-800-662-4335 / 1-801-297-2200

IF YOU HAVE A STATE PROFESSIONAL LICENSE, SUBMIT A COPY WITH THIS APPLICATION.

If you have questions concerning your professional licensing, contact the office of the Utah Department of Professional Licensing @ 1-866-275-3675

<http://www.dopl.utah.gov/index.html>.

STEP THREE:

Bring in all information into the Building & Zoning office for review.

After we review the paperwork we will let the appropriate departments know of your application should they necessitate an inspection of your business. Division I should not need an inspection if public do not enter the home. Please be cooperative with any departments (fire marshal, sheriff, health) should they call and require an inspection. Also, note that TriCounty Health may charge a fee and that departments are often busy.

STEP FOUR:

Get approval from the County Commission.

All business license applications will be submitted to the County Commission in a regular scheduled meeting upon completion of all required information and inspections. Applicants *do not* need to attend this meeting unless informed otherwise.

IF YOU HAVE QUESTIONS, PLEASE CONTACT OUR OFFICE AT THE NUMBER LISTED ABOVE.



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BUSINESS LICENSE APPLICATION

Date of Application: _____

Date Paid: _____

License No: _____

Fee: \$ _____

Receipt No: _____

DIVISION CLASSIFICATION OF BUSINESS LICENSE (choose one)

DIVISION I – HOME OCCUPATION

FEE= \$50.00 + \$3.00 per F.T.E. or unit as applicable
\$1.50 per part-time employee

DOOR TO DOOR SALES

FEE= \$100.00 + \$10.00 per salesperson +
\$3.00 per F.T.E.

DIVISION II – COMMERCIAL AND INDUSTRIAL

FEE= \$100 + \$3.00 per F.T.E. or unit as applicable
\$1.50 per part-time employee; \$2.00 per space or room

TEMPORARY BUSINESS

FEE= \$25.00 (good for one month)

DIVISION III – SEXUALLY ORIENTED BUSINESSES

FEE= \$500 + \$3.00 per F.T.E. as applicable
\$1.50 per part-time employee

Rooms, Mobile home or RV spaces _____ # of full-time employees excluding owners _____ # of part-time _____

BUSINESS INFORMATION: (choose one)

CORPORATION PARTNERSHIP PROPRIETORSHIP LLC

BUSINESS NAME: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Property Serial number: _____ Are you the owner of the property? Yes _____ No _____

Phone Number: _____ FAX Number: _____ Cellular Number: _____

Mailing Address: _____

APPLICANT NAME: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Cellular #: _____ Other #: _____

Date Of Birth: _____

Are you the owner of the business? Yes _____ No _____

Submit photo copy of each applicable number:

UTAH STATE SALES TAX #: _____ UTAH STATE DBA/ENTITY #: _____

UTAH STATE CONTRACTORS OR PROFESSIONAL LICENSE #: _____ EXPIRATION DATE: _____

FEDERAL ID # (FEIN) or Social Security Number: _____

MY BUSINESS IS A(N): (please choose all that apply)

- EXISTING BUSINESS**
- EXISTING BUSINESS with a name change.**
- NEW BUSINESS**
- OUT OF HOME BUSINESS**
- COMMERCIAL VEHICLE AT HOME**
- UNDER NEW OWNERSHIP OR TRANSFERRING (from another city)**

Does your business require the public to enter your home for any reason? YES NO

Describe your business and the equipment used to manage it:

If your business includes **any vehicles or trailers you will need to provide a photo** of each at the time your application is submitted.

After Building & Zoning receives your application back from all other departments, & approvals have been completed for your business license, it will then be presented at the County Commission Meeting.

Your business license fee will cover from January to December of the year paid regardless of the month issued. For example, applying in March of 2009 will last through December 2009. Applying in September of 2009 will also last through December 2009.

Renewal fee is due by January 2nd of each year. Payment received after January 31st will be subject to 50% of the annual fee as penalty. After 90 days (March 31st), your business is subject to payment of an additional \$100.

I certify that the answers given herein are true and accurate to the best of my knowledge. I authorize Uintah County to make such investigations and inquiries of the criminal history and other related matters as may be necessary in arriving at a decision to authorize a license to operate and/or sell items specified and limited to the outline of the Business Classification and use. I hereby release law enforcement agencies or persons from all liability in responding to inquiries regarding my application. In the event of approval of the license, I understand that any false or misleading information given in my application may result in revocation of said license. I understand also that I am required to abide by all rules and regulations of Uintah County and other governing agencies.

I am also aware the approval or denial of my business license will take time to be processed as my application is reviewed by multiple departments within Uintah County.

Applicant's Signature _____ **Date** _____

OFFICE USE ONLY:

CONDITIONAL USE PERMIT INFORMATION ONLY

IS A CONDITIONAL USE PERMIT NEEDED FOR THIS BUSINESS TO BEGIN OPERATIONS? YES _____ NO _____

CUP APPROVED? YES _____ NO _____ DATE DENIED: _____

Conditions of CUP: _____

PROPERTY INSPECTION

INSPECTION OF PROPERTY COMPLETED? YES () NO () Date: _____ Initial of Inspector: _____

ZONING OF PROPERTY:

- | | | |
|--|---|--|
| <input type="checkbox"/> A-1 Agricultural | <input type="checkbox"/> MH-Mobile Home Residential | <input type="checkbox"/> I-1 Industrial |
| <input type="checkbox"/> R-1 Residential | <input type="checkbox"/> C-1 Commercial | <input type="checkbox"/> I-2 Industrial |
| <input type="checkbox"/> R-2 Residential | <input type="checkbox"/> CP-1 Planned Commercial | <input type="checkbox"/> TTR-2 Travel, Tourism, & Recreation |
| <input type="checkbox"/> R-3 Residential | <input type="checkbox"/> A1-D Dry Fork Overlay | <input type="checkbox"/> RMF-Recreation, Mining, Forestry |
| <input type="checkbox"/> RA-1 Residential Agricultural | <input type="checkbox"/> MG-1 Mining & Grazing | |

AGENCY APPROVAL CHECKLIST

SHERIFF DEPT.

HEALTH DEPT.

APPROVED DENIED N/A

APPROVED DENIED N/A

DATE _____

DATE _____

FIRE MARSHAL

CODE ENFORCEMENT OFFICER

APPROVED DENIED N/A

APPROVED DENIED N/A

DATE _____

DATE _____

COUNTY COMMISSION DECISION

Approved with conditions Denied

Commission Chairperson

Date

RENEWAL INFORMATION

<u>Date of Renewal</u>	<u>Certificate #</u>	<u>Amount \$</u>	<u>Date Renewed</u>	<u>Certificate #</u>	<u>Amount \$</u>

**UINTAH COUNTY BUSINESS LICENSE
EMERGENCY CONTACT INFORMATION**

NAME OF PERSONS TO CONTACT IN CASE OF AN EMERGENCY:

1. _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

RELATION TO OWNER OF BUSINESS: _____

2. _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

RELATION TO OWNER OF BUSINESS: _____

Night lights () None () Silent Alarm () Other ()

Give locations: _____

Burglar Alarm () None () Silent Alarm () Other ()

Alarm Agency: _____ Phone: _____

Janitorial Service: _____ Phone: _____

Building Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Business Owner

Date



UINTAH COUNTY

Assessor's Office

152 East 100 North

VERNAL, UTAH 84078

COMMISSIONERS:

Darlene Burns
Mike McKee
Mark Raymond

ASSESSOR - Rolene Rasmussen
ATTORNEY - JoAnn B. Stringham
CLERK-AUDITOR - Mike Wilkins
RECORDER - Randy J. Simmons
TREASURER - Wendi Long
SHERIFF - Jeff Merrell
SURVEYOR - John Slaugh

➔➔ You are asked to complete this form when you apply for a Business License

➔➔ The form is returned to the Assessor's Office for Business Personal Property Assessment and Taxation (Utah State Code 59-2-101)

If you have questions, please call the Assessor's Office at (435) 781-5323

➔➔ If you have sold your business, please list new owner: _____

Existing Business

Name of Business:

Owner's Name:

Mailing Address:

Telephone No.

Personal Property is located at: same address or at:

New Business

Date Business Opened:

Name of Business:

Owner's Name:

Mailing Address:

Telephone No.

Personal Property is located at: same address or at:

Type of Business:

What type of equipment do you have (computer hardware; office furniture; beauty shop fixtures; equipment; heavy duty trucks):

✓We are privileged to serve you ✓You are the purpose of our work ✓You are our Business