APPLICATION FOR A BUSINESS LICENSE
IN A COMMERCIAL ZONE

Date: ____________________________  New______    Renewal_____

Name of Applicant(s): __________________________________________________________

Name of Business: __________________________________________________________________

Nature of Business: __________________________________________________________________

Business Address: __________________________________________________________________

Mailing Address: __________________________________________________________________

Home phone of owner__________________  Business phone____________________

Email __________________________________________________________

Type of organization: ____Sole Proprietorship ____ Partnership ____Corporation
____LLC

If the organization is a partnership, corporation or LLC, list the name, address and
telephone number of the person(s) responsible for the functions of the organization:
____________________________________________________________________________________
____________________________________________________________________________________

As required by State law you must register your business name. Go to “Utah.gov” and
choose “Business Online Services” and then “OneStop Business Registration”.

Verification Number __________________________________________________________

(Or bring a copy of the printed verification with this application)

Utah State License Number (if applicable) ________________________________
Exp.Date______________

(Copy required with application if profession is regulated by the State, i.e. child care,
general contractor)

Utah State Tax ID Number _________________________________________________
Exp.Date________________ (If required to collect sales tax)
Other Applicable License Number
______________________________________________________________ Exp. Date __________
(Such as food handler’s permit)

Does this business operation generate any wastewater other than from the restrooms? Yes/No If YES call CCWWTF Pretreatment Coordinator 435-867-9426

CCWWTF Pretreatment Coordinator Approval Signature __________________________

If the license application relates to a coin operated machine or device, please identify the type of machine or device and location thereof:
____________________________________________________________________________

If this is a renewal, please list any changes you have made since your last business license approval. (example: additions to building or services you render)
____________________________________________________________________________

Annual Business Licensing Fee $75.00

All business license fees shall be due upon the date of application approval. No license shall be issued until the license fee is paid in full. Licenses are valid for one year from the date on the license.

If any business fee is not paid within thirty (30) days of the due date, a penalty in the amount of $10.00 shall be added to the original amount thereof. No License shall be issued until all penalties legally assessed have been paid in full.

No business license granted or issued by this municipality shall be assigned or transferred to any other person, nor does it authorize any other business, calling, trade or profession than is herein named to do business.

I understand that this business must be renewed yearly. I certify that the information provided herein is complete and accurate.

Signature of Applicant(s): __________________________ Date __________

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