

Date Received: _____
 Date Pd: _____
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 \$ _____
 Receipt #: _____

BUSINESS LICENSE APPLICATION FILLMORE CITY

75 West Center Fillmore, Utah 84631
 435-743-5233; Fax 435-743-5195; Website – www.fillmorecity.org

Fee: \$ _____
 License #: _____
 Zone: _____
 CUP #: _____

Your business must be registered with the State of Utah before your application can be processed. Please complete all portions of this application to avoid delay in review and approval. Incomplete applications will be returned to the applicant for completion. Your cooperation and attention to the information contained in this application is appreciated. Your business is an important and welcome part of our community.

This application is for the following purpose: New Renewal
 Home Business Commercial Solicitor
Nature of business: Manufacturing Wholesale Retail Services Day Care/Preschool
 Food Telecommunications Rental property Other (please be specific)

Business Name _____ **Business Location** _____
Owner Name _____ **Email Address** _____
Driver License # _____ **Mailing Address** _____
Home Phone _____ **DOB** _____
Business Phone _____ **Fed. Id. (EIN)** _____
Partner/Officer _____ **Address** _____
Driver License # _____ **DOB** _____

Have you ever been convicted of anything other than a traffic violation? no yes
 (If yes, please attach an explanation; falsification of information is a misdemeanor.)

Is business licensed as a: Partnership Corporation Sole Proprietorship Limited Liability
 *** Please attach copy of state license or DBA (Doing Business As) registration number***

List your State License # _____ (CPA's, Attorneys, Doctors, Contractors, etc.)

State Sales Tax # _____

Detailed description of business (be specific) _____

Does your business sell products? Yes No

(Note: If this is a food related business, you must provide a copy of the Health Inspection Certification.)

License fees are collected based on number of persons employed during the previous year, owners are included in total number of employees. New businesses may estimate number of employees. All licenses will be renewed yearly by December 31, or a 10% penalty fee will be imposed.

Number of employees	Class	Fee
0-3	A	\$ 25.00
4	B	40.00
5-6	C	65.00
7-8	D	90.00
Over 8	E	125.00
Temporary (48 hr)	F	45.00
Temporary (up to 12 mos)	G	60.00
Dance	H	15.00
Dance (1 year)	I	60.00
Carnival, Circus	J	75.00
Rental	K	35.00

I, the undersigned, understand and agree to comply with all regulations of Fillmore City Ordinances, Licenses, and Business Regulations. I understand that I shall not begin nor cause to begin a business without first obtaining a business license, which may include a building inspection by the City's Building Official and/or Fire Chief. Falsification of any information on this form is cause for revocation or denial of the application.

Dated _____ **Signature** _____

The receipt of business license fees does not constitute approval to operate a business.

For Office Use Only

Final Approval/denial by _____

Reason denied _____

Planning Administrator Review for Conditional Use Permit & Approval: _____

Zone business to be located in: _____ Is use allowed? _____

What are parking requirements & are they met? _____

Building Safety/Fire Inspection completed on ____/____/____ by: _____
Inspector

Home Occupation Requirements

A home occupation is defined as a gainful occupation, which is conducted in a dwelling by members of the family who live in the dwelling. The home occupation must be a secondary use of the dwelling and must not change the character thereof.

Please circle the correct answers pertaining to your home occupation.

Yes No Is your business a daycare or preschool?
If yes, how many children are there at the same time, not including your own? _____

Yes No Does your business include the use of commercial vehicles?
If yes, how many and what type? _____

Yes No Do you currently have a sign promoting your business on the premises?
If yes, what is the size and location of your sign? _____

Yes No Does your business produce any offensive noise, vibration, smoke, dust, or odors beyond the boundaries of the property?

Yes No Do you utilize any accessory buildings on your property for your home occupation?

Yes No Do you display any goods for retail sale (customers look, choose, and buy)?

Yes No Will there be employees for the business, other than residents of the home?
If yes, how many? _____

Yes No Will people be coming to the home to transact business?