

Date Received \_\_\_\_\_  
 Date Pd \_\_\_\_\_  
 Amount \$ \_\_\_\_\_  
 Receipt No. \_\_\_\_\_

**FILLMORE CITY**  
 75 West Center Street • Fillmore, Utah 84631-5545  
 Phone (435) 743-5233 • Fax (435) 743-5195  
[www.fillmorecity.org](http://www.fillmorecity.org)

Fee \$ \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Zone \_\_\_\_\_  
 CUP No. \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**

**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  Commercial  Solicitor   
 Home Business (Exempt)  Home Business (Non-Exempt)

Nature of business: Manufacturing  Wholesale  Retail  Services  Day Care/Preschool  Food   
 Telecommunications  Rental property  Other  \_\_\_\_\_

Business Name \_\_\_\_\_ Business Location \_\_\_\_\_  
 Owner Name \_\_\_\_\_ Email Address \_\_\_\_\_  
 Driver License No. \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ DOB \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Fed. Id. (EIN) \_\_\_\_\_  
 Partner/Officer \_\_\_\_\_ Address \_\_\_\_\_  
 Driver License No. \_\_\_\_\_ DOB \_\_\_\_\_

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

Is business licensed as a: Partnership  Corporation  Sole Proprietorship  Limited Liability

State License No. \_\_\_\_\_ (DBA's, CPA's, Attorneys, Doctors, Contractors, etc.)  
 (Please attach copy of state license or DBA registration number)

State Sales Tax No. \_\_\_\_\_ Detailed description of business (be specific) \_\_\_\_\_  
 (Please attach copy of state sales tax number)

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 must be renewed annually by December 31<sup>st</sup>.*

| No. 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 |

| Type of License                         | Class | Fee     |
|---|-------|---------|
| Temporary (48 hr.)                      | F     | \$45.00 |
| Temporary (to 12 mo.)                   | G     | \$60.00 |
| Dance                                   | H     | \$15.00 |
| Dance (1 yr.)                           | I     | \$60.00 |
| Rental                                  | K     | \$35.00 |
| Business Registration (Home Occupation) | L     | \$20.00 |

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.**

Date \_\_\_\_\_ 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 about 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?

**Yes No** Home Occupation Business exempt? Why \_\_\_\_\_

What type of impact will this business have on the residence? \_\_\_\_\_