



# BUSINESS LICENSE APPLICATION

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Uintah City, UT 84405  
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Revised Date 10/2023

## BUSINESS INFORMATION

Application Date:	Tentative Opening Date:	
Type of Business:	<input type="checkbox"/> Commercial \$400 <input type="checkbox"/> Home Based \$150 <input type="checkbox"/> Seasonal \$75	
Business Name:	DBA Name:	
Business address:	Business phone #:	
Mailing address (if different):		
Sales Tax #:	EIN/Fed Tax #:	
Description of business (items sold, services provided. Etc.)		
Expected number of customer visits per day:	Number of employees:	Time and days of operation:
Description of materials to be used and/or stored on site (including hazardous and flammable materials):		

## APPLICANT OR OWNER INFORMATION

Name:	Direct Phone #:	Direct Email:
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## APPLICANT'S AGREEMENT AND SIGNATURE

### I acknowledge the following:

- ☐ Any license issued will only be issued when the business is found to be compliant with all local, state, and federal building codes, and with Uintah City Ordinances. All necessary inspections are completed and approved by the necessary city departments. Missing information, falsification or any misrepresentation of this application is grounds for denial and/or delayed approval and other penalties as provided by the law.
- ☐ I am responsible for the annual renewal of my license to remain valid. Uintah City business license is renewed at the beginning of each calendar year. To avoid penalty renewal of license must be paid **on or before February 28<sup>th</sup>** each year. The fee for late renewal is two times the license fee.
- ☐ It is unlawful for any person to engage in business within the city without first obtaining a license. Business licenses shall not be transferred from one person to another.

I, the undersigned, hereby agree to conduct said business strictly in accordance with all Uintah City codes governing such business and swear under penalty of law that the information contained herein is complete, truthful, and accurate to the best of my knowledge.

Applicant's Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY

Business License #		Amount Due:
Payment type: <input type="checkbox"/> CC <input type="checkbox"/> Check#_____ <input type="checkbox"/> Cash		Payment Date:
Department	Date	Approval
Planning		<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> With Conditions:
Building		<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> With Conditions:
Health		<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> With Conditions:
Fire		<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> With Conditions: