

City of Tremonton
BUSINESS LICENSE DIVISION
102 South Tremont Street, Tremonton, Utah 84337
Phone (435) 257-9506
Fax (435) 257-9513

**BUSINESS LICENSE
APPLICATION**

FOR OFFICE USE ONLY

Business License Category	_____
Date Application Received	_____
License Fee (Call for Fee)	\$ Varies
Other Fee: App Fee	\$ 10.00
Total	\$ _____
Payment Type	<input type="checkbox"/> Check <input type="checkbox"/> Cash
Receipt No.	_____
Date Rec'd	_____

PLEASE COMPLETE ALL ITEMS – INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT BEING PROCESSED.

SECTION I: Business Information – *Please type or print clearly* * **Change of:** ☐ Location ☐ Ownership ☐ Business Name

Date of Application

Business Name

Is this name registered with the
State of Utah? ☐ Yes ☐ No

Type of Business (Be Specific)

Bus. Start Date

Business Address

Street

City

State

Zip

Bus. Phone No. ()

Bus. Secondary Phone No. ()

Fax No. ()

Email:

Mailing Address

Street/PO Box

City

State

Zip

Attention

Owner's Name

Phone No. ()

Owner's Address

Street

City

State

Zip

Birth Date:

Owner's Secondary Phone No. ()

Fax No. ()

Email:

DL State:

DL No.

Social Security No.:

Manager's Name _____ Phone No. () _____

Manager's Address _____
Street City State Zip

Manager's Secondary Phone No. () _____ Fax No. () _____

Email: _____

Federal License (if any) _____ No. _____ Expires _____

Federal ID: ☐ SSN or ☐ EIN _____ Utah Corporation, LP or LLC No. _____

Sales & Use Tax No. _____
If not applicable please sign here: _____ Filing: ☐ Annual ☐ Monthly ☐ Quarterly

Insurance Company: _____

DBA File No. _____

Professional License / State Contractors Number (If Applicable): _____

PLEASE MARK ALL THAT APPLY

On Premise Beer License: ☐ Yes ☐ No

Off Premise Beer License: ☐ Yes ☐ No

Cabaret License: ☐ Yes ☐ No

Tobacco Sales account for more than 35% of the total annual gross receipts: ☐ Yes ☐ No

PLEASE ENTER THE AMOUNT OF EACH THAT APPLY

Games: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11

☐ **Other:** _____

Pool Tables: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11

☐ **Other:** _____

TREMONTON CITY CORPORATION

EMERGENCY SERVICES INFORMATION FORM

In order for Tremonton City Emergency Personnel to better serve the business community, please complete the form below. The information on this form will be put into a business database. The list is very helpful in locating a responsible party should an emergency arise. Please notify us when changes occur. We thank you for your time and assistance.

_____ Commercial Business

_____ Home Business

Business Name:
Address:
Phone Number:
Fax Number:
Owners Name:

Information of Personnel to contact in case of an after hours Emergency.

First Contact:
Address:
Phone Number:
Alternate Phone Number:

Second Contact:
Address:
Phone Number:
Alternate Phone Number:

Third Contact:
Address:
Phone Number:
Alternate Phone Number:

Is your business a Daycare or Instructional studio? _____ State License # _____

If yes, how many children are in your home at one time, including your own children? _____

(Office Use Only)

Police: _____ Fire: _____ City Office: _____

Section II: Check <u>ALL</u> That Apply	Section III: Describe Business
<input type="checkbox"/> Approximate Number of Employees: _____ <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Commercial <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Profit Corporation <input type="checkbox"/> Outside City Limits </div> <div> <input type="checkbox"/> Home Occupation <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Sexually-Oriented Business of Employee </div> </div>	

Section IV: Verification of Accuracy – Acknowledgment of Responsibility
<p>Under penalty of perjury, I hereby certify that the information provided for this entire application is complete, accurate and in accordance with Tremonton City Ordinances. I further certify that updated information will be provided in writing, as required, to the City of Tremonton Business License Division within 10 days of any change to the business, name, organization, or location. I hereby acknowledge that illegal or fraudulent business practices are grounds for revocation of the business license, as is delinquent payment of the business license fee. This form is an application for a business license. The receipt for payment of license fees thereof does not constitute being approved to operate a business. The actual license will be issued only when all inspections are completed and signed off by the various departments and approval is given by the Business License Office. To open and/or operate a business without final approval is a Class “B” misdemeanor and is subject to a \$1,000 fine and/or a six month jail sentence. It is the responsibility of the licensee to be familiar with the ordinance under which the license is applied for. All business licenses are to be renewed yearly. The application and fees provided for herein shall be due and payable by the 31st of December of each year, or before commencing a new business, trade, service, or profession. All license fees not paid before March 1st of each year shall thereafter be considered delinquent and shall be subject to a 50% penalty. Responsibility of renewal is that of the licensee. Failure to receive a renewal notice does not excuse this responsibility.</p>
<div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div style="width: 60%;"> <p>_____</p> <p>Signature of Authorized Business Agent/Owner</p> </div> <div style="width: 35%;"> <p>_____</p> <p>Date</p> </div> </div>

FOR OFFICE USE ONLY: Planning Commission / Conditional Use Requirements
<p>Conditional Use Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date approved by the Land Use Authority _____</p>

FOR OFFICE USE ONLY: Application Review / Comments Section			
<p>BUILDING & ZONING DIVISION</p> <p>Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Inspection _____</p> <p>Property Zoned Appropriately? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Reason: _____</p> <p>Signature _____</p>	<p>TREMONTON CITY COUNCIL</p> <p>Date of Consideration: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Reason: _____</p> <p>Signature _____</p>	<p>BEAR RIVER HEALTH DEPARTMENT</p> <p>Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Inspection _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Reason: _____</p> <p>Signature _____</p>	<p>POLICE DEPARTMENT</p> <p>Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Inspection _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Reason: _____</p> <p>Signature _____</p>

FOR OFFICE USE ONLY: Approval of Business License Administrator
<div style="display: flex; justify-content: space-between; margin-top: 100px;"> <div style="width: 60%;"> <p>_____</p> <p>Approval of Business License Administrator</p> </div> <div style="width: 35%;"> <p>_____</p> <p>Date</p> </div> </div>

Tremonton City Corporation
102 S. Tremont St
Tremonton, UT 84337
435-257-9500
435-257-9513 fax

Dear Business Owner:

In an effort to update and maintain our records, please take a moment to answer the following questions:

Full Business Name: _____

Physical Location of Business: _____

Mailing Address: _____

Telephone Number(s): _____

Business Account Number: _____

Type of Business: _____

Is this a new business to Box Elder County? YES NO (circle one)

Thank you for taking the time to fill this out. Your help in this matter is greatly appreciated!