| Priceven   |
|--|
| BUSINESS LICENSING OFFICE  |
| 185 EAST MAIN, P.O. BOX 893  |
| PRICE, UTAH 84501  |
| PHONE: (435) 636-3183, FAX: (435) 637-2905, email jacia@priceutah.net  |
| www.pricecityutah.com  |
| HOW TO APPLY FOR A PRICE CITY BUSINESS LICENSE   |
| Thank you for choosing Price City for your business endeavor. This checklist and packet will provide you with information needed to apply for a business license. Please note that there may be additional regulations depending on your type of business. We hope your experience will be a positive and prosperous one.  |
| COMMERCIAL AND HOME OCCUPIED BUSINESSES  |
| Planning and Zaning Stand  |
| Planning and Zoning Steps<br>Complete the Conditional Use Permit Application, if applicable.   |
| Complete the Home Occupied Business Questionnaire and Fire Safety Questionnaire, if applicable.  |
| Pay all applicable fees at the Price City Utilities Department at City Hall, 185 East Main.  |
| Meet with the City Recorder, or Administrative Director, at City Hall, 185 East Main, to be added to the Planning  |
| and Zoning Commission agenda, if applicable.   |
| <u>Attend</u> your scheduled Planning and Zoning Commission meeting.   |
| Contact Nick Tatton (435) 636-3184 with any question about Planning and Zoning or Conditional Use Permit.  |
| Pusiness Projection Stone  |
| Business Registration Steps         Register your business name with the Utah Department of Commerce (801) 530-6701.         Obtain a Federal Employer Identification Number, if applicable to your business, from the IRS (801) 799-6963.         Obtain a Utah State Sales Tax ID Number, if applicable to your business, from the Utah State Tax Commission (801) 297-2200. |
| ***Use the convenient <b>OneStop Online Business Registration</b> <a href="http://www.corporations.utah.gov">www.corporations.utah.gov</a> , or contact the respective offices, at the numbers listed above, for more information***   |
| Business License Application Steps   |
| Complete the Business License Application.   |
| Courtesy Inspection, contact Carbon County Building Department, 435-636-3260.  |
| Complete the Consent to a Background/Criminal History Check.   |
| Include a copy (copies will not be made for you) of the following with your business license application:  |
| <ul> <li>State name registration, or stamped articles of incorporation (only page showing name)</li> </ul>   |
| <ul> <li>Federal Employer Identification Number</li> </ul>   |
| <ul> <li>State Sales Tax ID Number, or proof of exemption, showing Price City as point of sale</li> <li>Professional lisenes, if applicable</li> </ul>   |
| <ul> <li>Professional license, if applicable</li> <li>Driver's License</li> </ul>  |
| Return completed applications to the Business Licensing Officer, located at City Hall, 185 East Main, Room 202,  |
| Monday thru Friday, and inquire of the fee amount for your business.   |
| Pay all applicable fees at the Price City Utilities Department at City Hall, 185 East Main.  |
| Attach a letter from property owner giving permission for you to operate your business on their property, if   |
| applicable.  |
| Attach final inspection from Building Inspector and Fire Chief. Call Carbon County at (435) 636-3200 to schedule   |
| a courtesy building inspection and Chief Petersen at (435) 636-3187 for fire inspection.   |
| Food Establishments must provide ServSafe or equivalent certification.   |
| A business license will be mailed to you when approvals have been received from the Business Licensing Officer,  |
| Planning and Zoning Commission, Building Inspection, Public Safety and Fire Departments, City Council and any<br>other required departments or agencies.   |
| Only completed <i>legible</i> applications, with all fees paid, will be considered for approval. Partial   |
| applications will not be accepted.   |

Business License Application

Revised 06/2102/2024

|   | (including attachmer<br>ain, Price, UT 8450 | ISE APPI         |                |                      |           |                        |  |
|---|---|------------------|----------------|----------------------|-----------|------------------------|--|
| BU  | (including attachmer<br>ain, Price, UT 8450 | ISE APPI         |                |                      |           |                        |  |
| BU  | (including attachmer<br>ain, Price, UT 8450 | ISE APPI         |                |                      |           |                        |  |
| BU  | (including attachmer<br>ain, Price, UT 8450 | ISE APPI         |                |                      |           |                        |  |
| BU  | (including attachmer<br>ain, Price, UT 8450 | ISE APPI         |                |                      |           |                        |  |
|   | (including attachmer<br>ain, Price, UT 8450 | nts as necess    | -              | 1                    |           |                        |  |
|   | ain, Price, UT 8450                         |                  | sarv) along w  | N                    |           |                        |  |
| Send all completed and properly signed forms<br>Business Licensing, P.O. Box 893, 185 East M  | ONDI ETER I FOI                             | 1. 1 01 quest    |                |                      | licensi   | ng fees to: Price City |  |
| PLEASE TYPE OR PRINT LEGIBLY, ONLY COMPLETED, LEGIBLE APPLICATIONS, WILL BE CONSIDERED FOR APPROVAL.<br>Business Information  |   |                  |                |                      |           |                        |  |
| Business Status: New Business   | s 🗌 Location                                | Change           | 🗌 Nam          | e Change             |           | Ownership Change       |  |
| Business Name <i>(include DBA)</i> :  |   |                  |                |                      |           |                        |  |
| If Name Change, list previous name:   |   |                  |                |                      |           |                        |  |
| Business Address:   |   |                  |                | Suite/Apt. No.:      |           |                        |  |
| City:   | State:                                      | State:           |                |                      | Zip Code: |                        |  |
| Business Telephone:<br>( )  | Business E-m                                | Business E-mail: |                | Business Fax:        |           |                        |  |
| Mailing Address (if different):   |   | City:            |                | State:               |           | Zip Code:              |  |
| Property Owner's Name:  | Property Owner's Telephone: ( )             |                  |                |                      |           |                        |  |
| Type of Organization: Corpor<br>(Include copy of name registration with the   |   | artnership       |                | Sole Propriet        | torship   |                        |  |
| Type of Business: Commercia<br>Home Occupation - Office Use On<br>Home Occupation - Activity On Sit<br>Home Occupation Office Use Only Fee Wa<br>Fee Waiver Requested: Price City | ly<br>e<br>iver Request. Must be            | documented       | by applicant a |                      | ith UCA   |                        |  |
| Nature of Business:  Manufacturing  | Retail                                      | Wholesale        | Ser\           | vices 🗌 C            | Other     |                        |  |
| Opening Date: Busines   | s Hours: From                               | То               |                | MTWT                 | H F S     | SU (please circle)     |  |
| Detailed Description of Business:   |   |                  |                |                      |           |                        |  |
| State Sales Tax I.D. No. (Include copy exemption):  | Federal Tax I.D. No. (Include copy):        |                  |                |                      |           |                        |  |
| State License No. (Include copy):   | State License Type:                         |                  |                |                      |           |                        |  |
|   |   | East Main,       |                | nformation. <b>(</b> |           |                        |  |
| Business License Application  | 2 of 4                                      |                  |                | Revised 06           | 5/2102/   | 2024                   |  |

| lf applica   | nnt is a SOLE PRC          | PRIETOR, comple    | te this section.  |  |  |  |  |  |
|--|----------------------------|--------------------|---|--|--|--|--|--|
| Owner's Name:  |                            |                    |   |  |  |  |  |  |
| Owner's Address:   |                            |                    | Suite/Apt. No.:   |  |  |  |  |  |
| City:  | State:                     |                    | Zip Code:   |  |  |  |  |  |
| Owner's Telephone:<br>( )  | Owner's E-mail:            |                    | Owner's Fax:  |  |  |  |  |  |
| Owner's Birth Date:  |                            | Owner's Driver's L | icense No. (include state & provide copy):  |  |  |  |  |  |
| Manager Information <i>(if applicable)</i>   |                            |                    |   |  |  |  |  |  |
| Manager's Name:  |                            |                    |   |  |  |  |  |  |
| Manager's Address:   |                            |                    | Suite/Apt. No.:   |  |  |  |  |  |
| City:  | State:                     |                    | Zip Code:   |  |  |  |  |  |
| Manager's Telephone: ( )   | Manager's E-               | mail:              | Manager's Fax:  |  |  |  |  |  |
| Anager's Birth Date: Manager's Driver's License No. (include state):   |                            |                    |   |  |  |  |  |  |
| If applicant is a CORPORATION, PARTNERSHIP, OR LLC, complete this section.   |                            |                    |   |  |  |  |  |  |
| ALL OFFICERS (First/Middle/Last)   | HOME ADDRES                | S (City, ST, Zip)  | HOME TELEPHONE  |  |  |  |  |  |
| 1.   |                            |                    | ( )   |  |  |  |  |  |
| 2.   |                            |                    | ( )   |  |  |  |  |  |
| 3.   |                            |                    | ( )   |  |  |  |  |  |
| TITLE  | DATE OF BIRTH (MM/DD/YYYY) |                    | DRIVERS LICENSE NO. (Include copy)  |  |  |  |  |  |
| 1.   | /                          | /                  | # ST  |  |  |  |  |  |
| 2.   | /                          | /                  | # ST  |  |  |  |  |  |
| 3.   | /                          | /                  | # ST  |  |  |  |  |  |
| I am aware that this application does not consti<br>the laws and ordinances covering such busines                                |                            |                    | ree to conduct said business strictly in accordance with nation contained herein is true. |  |  |  |  |  |
| Signature of Owner/Agent   | Date                       |                    |   |  |  |  |  |  |
| Please Print Name  |                            | Title              |   |  |  |  |  |  |
| Please allow at least 10 working da<br>paperwork.<br>All licenses are issued for the cale<br>renewal is that of the licensee and | ndar year and are          | renewable on or b  | efore December 31. Responsibility of  |  |  |  |  |  |
| Business License Application   | 3 of 4                     |                    | Revised 06/2102/2024  |  |  |  |  |  |



PRICE CITY POLICE DEPARTMENT 910 NORTH 700 EAST PRICE, UTAH 84501 (435) 636-3190

## CONSENT TO A BACKGROUND/CRIMINAL HISTORY CHECK

I hereby consent to a background security and criminal history check to be performed by the Price City Police Department in connection with my business license application.

Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 20 \_\_\_\_\_.

Signature

(Please Print Name)

**Business License Application**