



Providence City

164 North Gateway Drive
 Providence, UT 84332
 (435) 752-9441 Fax: (435) 753-1586
 www.providencecity.com

CHECK APPLICABLE BOX

Commercial New Application
 Home Business Application Amendment

CHANGE OF:

Ownership
 Address
 Business Name
 Business Description

Business License Application

For businesses with a permanent physical location in Providence City limits.
 This is not the application for special events, temporary businesses, or solicitors.

License No. _____

Date Received: _____

SECTION I: Business Information

Application Contact: _____ Contact Ph: _____

A. Business Name "DBA": _____

B. Business Location: _____ Providence, UT 84332

Street Address (include Unit #) _____

C. Mailing Address: _____ Same as 'B. Business Location'

ATTN. Street (Include Unit #) / PO Box Address City, State, Zip _____

D. Local Business Ph: _____ Fax: _____ www: _____

SECTION II: Business Description-General(complete the Commercial or the Home Business section AND the far right column)

<p style="text-align: center;">COMMERCIAL</p> <p>Building/plaza: _____</p> <p>Is this a secondary use within an existing business location? <input type="checkbox"/> Yes, in _____ <input type="checkbox"/> No</p> <p>Hours of Operation: _____</p> <p>Type of operation: (mark all that apply)</p> <p> <input type="checkbox"/> Sales/Service: Customers typically come on-site <input type="checkbox"/> Sales/Service: Customers rarely come on-site <input type="checkbox"/> Service no sales <input type="checkbox"/> Fresh food service and/or preparation <input type="checkbox"/> Manufacturing <input type="checkbox"/> Medical/dental <input type="checkbox"/> Daycare <input type="checkbox"/> Preschool <input type="checkbox"/> Instruction <input type="checkbox"/> Other: _____ </p> <p>Previous use of location: _____</p> <p>Proposed start date: _____</p>	<p style="text-align: center;">HOME BUSINESS</p> <p>Please Note: A home business does not change the aesthetic character of the area and zone.</p> <p>On-site employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Up to how may? _____ Working hours? _____</p> <p>Where will they park? _____</p> <p>On-site customers? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Up to how many per day? _____</p> <p>Up to how many per week? _____</p> <p>Where will they park? _____</p> <p>On-site business will be performed from a: (mark all that apply)</p> <p> <input type="checkbox"/> Home office <input type="checkbox"/> Garage/storage room <input type="checkbox"/> Desk and chair <input type="checkbox"/> Carport/Driveway <input type="checkbox"/> Shed/out-building <input type="checkbox"/> Vehicle <input type="checkbox"/> other: _____ </p> <p>Do you intend to set-up off-site? (ie in parking lots, at festivals, within stores)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Proposed start date: _____</p>	<p>This Business Includes:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #1a3d4d; color: white;"> <th style="width: 15%;">Yes</th> <th style="width: 15%;">No</th> <th style="width: 70%;"></th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Signage</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Alcohol sales and/or service</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Live entertainment on-site</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Door-to-door solicitation</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Fireworks sales on-site</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Vending machines on-site</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>On-site secondary businesses</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>On-site events (i.e. community party, parking lot/ sidewalk sales) Investment advice and/or service</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pesticides use and storage</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Hazardous materials use and storage</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Vehicle sales</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Firearms or explosives sales</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Care of children or preschool</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Any construction jobs over \$1000</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Piercing, tattooing, perm. Make-up</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Used merchandise transactions</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Changes to existing garbage service Electrical plumbing, structural, or mechanical</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Changes to the site Vehicles, trailers, mowers, etc. (Stored on site)</td></tr> </tbody> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	Signage	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol sales and/or service	<input type="checkbox"/>	<input type="checkbox"/>	Live entertainment on-site	<input type="checkbox"/>	<input type="checkbox"/>	Door-to-door solicitation	<input type="checkbox"/>	<input type="checkbox"/>	Fireworks sales on-site	<input type="checkbox"/>	<input type="checkbox"/>	Vending machines on-site	<input type="checkbox"/>	<input type="checkbox"/>	On-site secondary businesses	<input type="checkbox"/>	<input type="checkbox"/>	On-site events (i.e. community party, parking lot/ sidewalk sales) Investment advice and/or service	<input type="checkbox"/>	<input type="checkbox"/>	Pesticides use and storage	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous materials use and storage	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle sales	<input type="checkbox"/>	<input type="checkbox"/>	Firearms or explosives sales	<input type="checkbox"/>	<input type="checkbox"/>	Care of children or preschool	<input type="checkbox"/>	<input type="checkbox"/>	Any construction jobs over \$1000	<input type="checkbox"/>	<input type="checkbox"/>	Piercing, tattooing, perm. 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SECTION III: Business Description-Specific

Section IV: Additional Information

E. Utah State Tax Commission—Sales Tax Number: _____ [] Not applicable

F. State & federal regulatory agency licensing info: _____ [] Not applicable
(Not referring to an EIN or entity number)

G. Did you use “One-Stop Online Business Registration” to register your business with state and federal agencies?

[] Completely [] Partially [] Not at all [] I don’t know-someone else did it

H. Previous Business Name: _____ [] Not applicable

I. Previous Business Location: _____ [] Not applicable

Section V: Ownership (Parent business entity and business officer information)

Parent Entity

Parent Business Name: _____ [] Same as ‘A. Business Name “DBA”

State Entity Type: [] Sole Proprietorship [] Partnership [] LLC [] Corporation [] Non-Profit Corporation (w/501 ©(3) letter)

Officers

Sole Prop/partnership [] Owner [] Local Manager
LLC [] Member [] Manager [] Local Manager
Corporation [] President [] Director [] Officer [] Local Manager

Officer Name: _____

Home Address: _____ Contact Ph: _____
Street (include unit #) / PO Box Address City, State, Zip

[] This person can be contacted in the event of an after-hours police or fire emergency.

Sole Prop/partnership [] Owner [] Local Manager
LLC [] Member [] Manager [] Local Manager
Corporation [] President [] Director [] Officer [] Local Manager

Officer Name: _____

Home Address: _____ Contact Ph: _____
Street (include unit #) / PO Box Address City, State, Zip

[] This person can be contacted in the event of an after-hours police or fire emergency.

Section VI: Notification of Neighbors (Home business only)

Please obtain the signatures of immediate neighbors, informing them of the location and the nature of the business you will be conducting.

Name	Address	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION VII: Notification and Verification of Authority

- 1)Mandatory review process—This application does not constitute a business license. All applications are subject to the review process mandated by Title 3 of the Municipal Code. Incomplete applications will not be processed. Decisions on applications will take 10 business days (minimum), and are made based on:
 - (i) the information provided on the application materials, and
 - (ii) review inspection performed, as required
- 2)Additional Requirements—Under the Municipal Code, additional Business License application requirements are necessitated for some business types.
- 3)Denial of License—Application denial or subsequent license suspension or revocation are most often the result of:
 - (i) an inaccurate or incomplete application, or failure to update information with the division, and/or
 - (ii) non-compliance with the Municipal Code, Land Development Code, and/or applicable building, fire, and environmental codes.
- 4)Other regulatory bodies—It is the applicant’s responsibility to determine and comply with any requirements from other regulatory agencies.
- 5)Signage—Permanent signage requires a separate Sign Permit application, which is administered by the Building Department.
- 6)Building alterations—All alterations to buildings or spaces, including electrical, plumbing, and mechanical alteration, require a separate building permit and compliance inspection as established by Providence City Municipal Code. Building permits are administered by the Building Department.

I/We hereby agree to conduct said business strictly in accordance with the business license regulations as set forth in the Providence City Code, and swear under penalty of law the information contained herein is true.

Signature of Owner/Authorized Agent _____ Printed Name _____ Date _____

SECTION VIII: For administration only

Classification
CONFORMING NON CONFORMING CHILD CARE HOME BUSINESS - Low Impact Medium Impact

CONDITIONAL USE—If box is checked see attached conditions
BUSINESS & ZONING DIVISION—INSPECTION: _____ DATE: _____

FEES [] 25.00 [] 50.00 PAYMENT TYPE: _____ RECEIPT: _____