



## BUSINESS LICENSE APPLICATION

Please submit the completed form and all applicable attachments to the Ferron City Hall at PO Box 820, 20 East Main Street, Ferron, UT 84523.

**PLEASE TYPE OR PRINT LEGIBLY**

Business Information			
Status: <input type="checkbox"/> New Business <input type="checkbox"/> Location Change <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change <input type="checkbox"/> Renewal			
Business Name:			
Business Address:			
City:	State:	Zip:	Zone:
Business Telephone:		Fax:	E-mail
Type of Organization: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC			
Type of Business: <input type="checkbox"/> Commercial Wholesale <input type="checkbox"/> Commercial Retail <input type="checkbox"/> Construction / Contractor <input type="checkbox"/> Services <input type="checkbox"/> Home Occupation <input type="checkbox"/> Restaurant/Fast Food Establishment <input type="checkbox"/> Sexually Oriented			
Opening Date:	Business Hours:	Days of Week:	
Detailed Description of Business Activity:			
State Sales Tax ID:		Federal Tax ID:	
State License Type:		State License No. (Attach Copy if applicable)	
Beer License Needed <input type="checkbox"/> No <input type="checkbox"/> Yes    If yes check the following: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C			
Background Check <input type="checkbox"/> No <input type="checkbox"/> Yes ( If yes, please sign consent or attach proof)		Bond <input type="checkbox"/> No <input type="checkbox"/> Yes ( If yes, please attach proof)	
Owner Information			
Owner's Name:			
Owner's Address:			
City:	State:	Zip Code:	PO Box:
Owner's Phone:	Fax:	E-Mail:	
Owner's Date of Birth:		Owner's Drivers License No. (Please provide copy)	

## Manager Information

Manager's Name:

Manager's Address:

City:

State:

Zip Code:

Phone:

Manager's Date of Birth:

Manager's Drivers License No.

## Corporations, Partnerships or LLC Please complete this section

List all Officers:

Home Address:

Home Phone:

Title:

Date Of Birth:(MM/DD/YYYY)

Drivers License No. (Please include a copy)

I understand that completion of this application does not constitute the approval to operate a business. I agree to conduct said business in accordance with all state and local laws and swear under penalty of law that the information contained in this application is true and correct.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Title

***Please allow at least 10 business days to process the application***

Office Use Only

APPROVALS: (Please sign and date)

License Administrator \_\_\_\_\_ Fire Chief \_\_\_\_\_

Planning Commission \_\_\_\_\_ Health Dept. \_\_\_\_\_

Building Inspector \_\_\_\_\_ Other \_\_\_\_\_



## HOME OCCUPIED BUSINESS QUESTIONNAIRE

PLEASE TYPE OR PRINT LEGIBLY

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

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Please answer the following questions as it pertains to Ferron City Business Licensing Code Title 3 Chapter 9 Section 1:

- Yes  No Will this business employ any person who is not a member of the immediate family residing in the home?
- Yes  No Will there be any unusual traffic, (delivery trucks, commercial vehicles, heavy equipment etc.) either on or off-site which are not customarily observed in residential zones?
- Yes  No Will there be a need for additional parking other than the normal residential parking?
- Yes  No Will the business generate unusual waste?
- Yes  No will the business generate nonresidential dust, odor, noise or other contamination?

Please answer the following questions as it pertains to Ferron City Business Licensing Code Title 10 Chapter 8 Section 2:

- Yes  No Is a home occupation permitted in the zone?
- Yes  No Is the business conducted entirely within the dwelling?
- Yes  No Does the business involve the use of accessory buildings?
- Yes  No Will commercial vehicles (with rating in excess of  $\frac{3}{4}$  ton capacity) be used?
- Yes  No Is the business clearly incidental and secondary to the use of the home for dwelling purposes?

- Yes No Does the business change the character of the home from that of a dwelling in a residential area?
- Yes No Will signs be used to advertize the business? If yes what size? \_\_\_\_\_
- Yes No Will more than 25% of the ground floor area be devoted to the business?
- Yes No Is the entrance to the business different than the entrance normally used by the residing family? If yes, is this a requirement from the State Department of Health or other public agency? Please explain:  
\_\_\_\_\_



## Ferron City Business License Instructions

- Complete the appropriate Business License Application.
- Complete all applicable supplemental information (Solicitor Checklist, Home Occupation Checklist, Beer Applications, Background Check etc.)
- If requested, include copies of Professional License, Driver's License(s), State Sales Tax ID Number or proof of exemption, Federal Employee Identification Number, State Registration or stamped Articles of Incorporation.
- Contact the Fire Chief, Health Department and Building Inspector and schedule the appropriate inspections.
- Pay the required fee and return all forms to Ferron City Hall located at 20 East Main in Ferron.
- Your Business License will be mailed to you once all approvals and conditions have been met. This process may take 10 to 14 days depending on the approval process. (Please note that some business applications will require the approval of the Planning Commission or the City Council. You will be notified of the time and date of the meeting and will be required to attend.)

### Additional Information

You may register your business name with the Utah Department of Commerce at 801-530-4849.

To obtain a Federal Employer Identification Number (if applicable to your business) contact the IRS at 801-799-6963.

To obtain a State Sales Tax ID Number (if applicable to your business) Contact the Utah State Tax Commission at 801-297-2200.

\* You may also use the convenient **Onestop Online Business Registration** at [www.business.utah.gov/registration](http://www.business.utah.gov/registration) .