

# **Sexually Oriented Business Application**

Thank you for your interest in opening a business in Fairfield. Please review the complete packet before submitting your application, as it contains information needed to operate a business in Fairfield. Incomplete applications shall be returned.

Fairfield Town Code Section 3.3.10.

Name of Applicant:     Phone:       Email:	Zip:
Address:	
Social Security #       Business Owner(s) Name: Phone:       Email:       Street Address:       Business Status (check all that apply):       New Business: Location Change: Name Change:       New Owner: DBA: Sole Proprietor: LLC: Corporation:       (Business licenses shall not be transferred from one person to and       Business Name: DBA:       Application Date: Sales Tax #:       EIN/Fed Tax #:	
Business Owner(s) Name:     Phone:       Email:     Phone:       Street Address:     Phone:       Business Status (check all that apply):       New Business:     Location Change:       New Owner:     DBA:       Owner:     Sole Proprietor:       Location Change:     Corporation:       (Business licenses shall not be transferred from one person to and Business Name:     DBA:       Application Date:     Tentative Ope Registration #:       EIN/Fed Tax #:     EIN/Fed Tax #:	
Email:	
Street Address:	
Street Address:	
New Business:     Location Change:     Name Change:       New Owner:     DBA:     Corporation:       (Business licenses shall not be transferred from one person to and Business Name:     DBA:     DBA:       Application Date:     Tentative Ope Registration #:     Sales Tax #:     EIN/Fed Tax #:	
Business Name:	
Registration #:       Sales Tax #:         EIN/Fed Tax #:	· · · · · · · · · · · · · · · · · · ·
Registration #:       Sales Tax #:         EIN/Fed Tax #:	ening Date:
Does this business collect and remit sales and use taxes in Litah?	
	Yes No
If this business collects and remits Sales and use tax in the state of	of Utah,
Please provide the Account #	
Utah County Assessor Personal Property form completed:	
Yes: (Attach copy) No: Zone:	
Parcel #: Lot Size:	
Rusiness Physical Address:	
Business Physical Address: Primary Business Phone: Primary Business	
Business Mailing Address:	- Email:

Hours/Days of Operation: (Circle one) S M T W Th F S

Description of Business (What does your business do?)	Description	of Business	(What does y	our business d	lo?):
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Is your business allowed in the zone it's located in? \_\_\_\_\_ Describe Any Outside Storage:

#### Classification of Permit for which the applicant is applying:

- □ Adult Arcade □ Adult Bookstore □ Adult Novelty Store □ Adult Video Store □ Club □ Tavern
- □ Escort Agencies □ Adult Cabarets □ Adult Motion Picture Theaters

#### **Details of Business:**

- 1. Number of employees: \_\_\_\_\_
- 2. Gross Floor Area: \_\_\_\_\_\_ square feet (Provide a floor plan if exceeds 1,000 sq ft)
- 3. Is this a newly constructed building or an individual tenant improvement? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- 4. If No, what was the prior use of the building/space?
- 5. Building Permit Number (if new construction, addition, or remodel):
- 6. Are there additional businesses within the building? Yes: \_\_\_\_\_ No: \_\_\_\_\_
- 7. Will there be any changes/additions to existing signage? Yes: No:
- 8. Is the Master Site Plan approved? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (Attach Site Plan)
- 9. Conditional Use Permit Approved? Yes: \_\_\_\_\_ No: \_\_\_\_\_ By: \_\_\_\_\_
- 10. Copies of any permits required for your business. (attach copies to application)
- 11. Business Website:

#### Emergency Information

In the event of an emergency, the information you provide helps us contact you. The first contact person should respond to the business quickly and have the necessary keys or alarm codes to enter the building.

1st Contact: Name:		: Owner Manager Employee
Phone:	_Address:	
2nd Contact: Name:		: Owner Manager E mployee
Phone:	Address:	
Security alarm system: Yes	No	If yes, list the alarm company's name and phone number:
Name:		Phone:
		r system or fire alarm system? Yes: No:

Have you previously operated a business in Fairfield	Town? Yes:	No:	
If Yes, business name:	_Year(s) operated:	from	to
Address:			

#### **Applicant's Agreement**

These forms, including any supplemental applications, are for a business license. The actual license will be issued only when the applicant complies with all local, state, and federal building codes, and all inspections are completed and approved by the necessary Town departments. It is unlawful for anyone to engage in business within the Town without first obtaining a license. (Town Code 3.1.20).

I, the undersigned, hereby agree to conduct said business strictly in accordance with all Fairfield Town 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 and current belief. I understand that falsifying any information on this application is grounds for denial and/or revocation of this license, which shall be valid from July 1st to June 30th and must be renewed annually to remain valid. Suppose the renewal fee and any disproportionate fee due are not paid within 45 days of expiration. In that case, a penalty fee of 25% of the total amount due shall be imposed and shall become part of the license fee.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Acknowledgment of Public Information**

I, the undersigned, do hereby acknowledge that the information contained in this application is public information.

Signature of Authorized Applicant/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

### **Commercial Business Performance Standards Checklist**

Section 10.11.225. Commercial Overlay Zone.

A. Purpose. The purpose of the Commercial Overlay Zone is to provide for commercial businesses, professional offices, and shopping centers that will serve neighborhood, community, and regional shopping demands while also providing other commercial opportunities which are reasonably separated or buffered from residential development but allow residential development within the Commercial Overlay Zone.

B. Prohibited Uses. Any use not specifically permitted in this chapter shall be prohibited.

C. Commercial Overlay Area. Starting at the southwest boundary of Fairfield Town running parallel with and adjoining to Highway 73, the width of three hundred (300) feet on each adjacent side, starting at the property owners' boundary line to the end point of Fairfield Towns' northern boundary line. If a parcel of land has been declared commercial, it can no longer be used as residential.

E. Area Requirements. Lots or parcels in the Commercial Overlay Zone shall be of sufficient size to assure compliance with the Fairfield Town parking, landscaping, utilities, site plan, and other land development regulations that may govern all or a portion of each project.

F. Master Site Plan Required. All developments in this zone are required to submit a master site plan that includes maps and descriptions of construction, landscaping, Health Department requirements, and uses.

G. Storm Water. All stormwater must be retained on-site in accordance with an engineered plan.

H. Garbage. The yards around buildings shall be kept in compliance with the Town Nuisance Ordinance.

I. Minimum Lot Size/Water Requirement. A ten (10) acre minimum lot size is required for any lot not connected to an approved municipal culinary water system.

J. Frontage Requirement. For adequate access by emergency vehicles and local occupants, the frontage of each lot shall be a minimum of one hundred and sixty-five (165) ft. and shall abut an official State, County, or Fairfield Town road which has been paved under the direction of the unit government having jurisdiction and from which frontage gains vehicle and pedestrian access exclusively and entirely across the subject lot.

K. Setback Requirements.

The following setback requirements are intended to describe the amount of space required between buildings and property lines. All buildings in this Commercial Overlay Zone, including accessory buildings, are required to maintain a minimum distance from property lines as set forth below. Conditional uses may require greater setbacks so as to prevent a nuisance as determined by the Town Council:

1. Front Setbacks. Front setbacks will be determined by the size of the building, landscape, and parking requirements. The Town Council, in consideration of a prior recommendation by the Planning Commission, may increase or decrease this if, in its judgment, the changes comply with the following:

a. Does not interfere with the use, enjoyment, and character of adjacent properties;

b. The success of the business necessitates a specific setback, proven by data or research;

c. Additional setback is not solely to provide space for parking between the building and the street; and

d. Topography or natural features make it impossible or impracticable to place the building within the setback.

2. Sides and Rear Setbacks:

a. Minimum of ten (10) feet; and

b. The Town Council, in consideration of a prior recommendation by the Planning Commission, may increase or decrease this if, in its judgment, the changes comply with the following:

i. Does not interfere with the use, enjoyment, and character of adjacent properties;

ii. The success of the business necessitates a specific setback, proven by data or research;

iii. Additional setback is not solely to provide space for parking between the building and the street; and

iv. Topography or natural features make it impossible or impracticable to place the building within the setback.

3. Other General Setback Requirements. In addition to the specific setback requirements noted above:

a. No building shall be closer than ten (10) feet to any neighboring private road or driveway; and

b. Exceptions may be made for any part of the building that may contain an approved drive-up window;

4. Setbacks for Accessory Building:

a. Minimum of six (6) feet from the parcel property line; and

b. Additional setbacks will be determined by fire and building codes.

L. UDOT Requirements. Any building lot adjacent to any State road must comply with all UDOT requirements. Applicants will contact the Region 3 permitting office to schedule a pre-application coordination meeting before applying for a permit. Additional information can be found online at www.udot.utah.gov, 'Doing Business,' UDOT Permits.

M. Building Height. No building in this zone shall be over two stories with a maximum height restriction of forty-five (45) feet.

N. Permitted Uses. The following land uses shall be permitted uses in the Commercial Overlay Zone. Any use not specifically permitted in this chapter shall be prohibited:

- 1. Accessory Structure see Rev. ord. 03142023-2, passed 03-14-2023.
- 2. Car Wash Facilities.
- 3. Auto Fueling Convenience Store.
- 4. Convenience Store; Sale of Goods.
- 5. Farm Equipment Sales.
- 6. Nursery.
- 7. Warehouse Space With Offices.

### O. Signs

1. Review of sign size and placement.

\*\*\*All proposed signage (permanent or temporary) shall meet the Fairfield Town Code 10.21 \*\*\* \*\*\*\*All commercial spaces that have been remodeled are subject to a preoccupation inspection by the Building Department. \*\*\*\*

### \*\*\* All Businesses will be subjected to business inspections Annually\*\*\*

I have read the above Commercial Business Performance Standards Checklist referenced in Title 10.11.225 of the Municipal Code, and I understand and will comply with the Home Business Chapter. Any violation(s) of this ordinance can result in the revoking of my Home Business License.

Applicant's Printed Name	
Applicant's Signature	Date

## For Office Use Only

Date:///	
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□ TI permit completed: permit # _	Date:	
Ву:		
Application fees paid		
□ Fire Inspection completed: Date	e By:	
Fire Inspection fee paid		
Fire Suppression:		
Utah County Health Departmer	nt Approval Number	(need a copy of certificate)
State Liquor Board: Approved:	Denied: Date:	
Utah County Assessor Departn	nent:	
Zoning:		
Conditional Use Permit:	By:	
Planning Commission: Approv	ed: Denied: Date	e:
Comments:		
Town Council: Approved:	Denied: Date:	
Comments:		
Additional Comments:		
Total Fees:	Paid:	
□ Check #:		
□ License #:		
Title S	ignature	Date