

Fairfield Town

Utah County, Utah

Application for Commercial Business License

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

(Please Print)

Name of Applicant: _____ Phone: _____ Email: _____

Mailing Address: _____

Business Owner(s) Name: _____ Phone: _____ Email: _____

Street Address: _____

Additional owners Name: _____ Phone: _____ Email: _____

Additional owners Name: _____ Phone: _____ Email: _____

****Use back of application for more information.**

Business Status *(check all that apply)*:

New Business: ____ Location Change: ____ Name Change: ____ Renewal: ____

Sole Proprietor: ____ LLC: ____ Corporation: ____ Non Profit: ____ Partnership: ____ Other: ____

(Business licenses shall not be transferred from one person to another.)

Business Name: _____ DBA: _____

Application Date: _____ Tentative Opening Date: _____

Registration #: _____ EIN/Fed Tax #: _____

Does this business collect and remit sales and use taxes in Utah? Yes ____ NO ____

Sales Tax #: _____

If this business collects and remits Sales and use tax in the state of Utah,

Please Provide the Account #: _____

Business Physical Address: _____

Primary Business Phone: _____ Primary Business Email: _____

Business Mailing Address: _____

Business Website: _____

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

Hours of operation: _____

Type of Business: General Services ____ Dining ____ Health/Medical ____

Retail ____ Education ____ Temporary/Seasonal* ____ Solicitor's license ____

Other: _____

Description of Business:

All businesses must fully comply with all applicable zoning standards and land use regulations in effect at the time of application and throughout the duration of operation.

They must also pass inspections for building and health, if applicable.

Is your business allowed in the zone it's located in? _____

Describe Any Outside Storage:

Details of Business:

1. Number of employees: _____
2. Gross Floor Area: _____ square feet (Provide a floor plan if it exceeds 1,000 sq ft)
3. Is this a newly constructed building or an individual tenant improvement?
Yes: _____ No: _____
4. Building Permit Number (if new construction, addition, or remodel): _____
5. Are there additional businesses within the building or place of business? Yes: _____ No: _____
If yes, how many? _____ Each business will require their own permit.
6. Will there be any changes/additions to existing signage? Yes: _____ No: _____
7. Is a conditional use permit required? Yes: _____ No: _____
8. If a Conditional Use Permit is required, is it currently valid? Yes _____ No _____
Expiration date of conditional use permit: _____
9. Is there currently anyone living on the property of the business? _____
 - a. If yes, please provide details: _____

 - b. Primary residence: Yes _____ No _____
 - c. Caretaker dwelling permit # if allowed in that zone: _____

Fire Marshal Contact Information

Please contact the Utah County Fire Marshal to schedule a fire inspection.

Kirk Bertelsen 801-830-2712

Date of inspection _____

Fuel Sales (If Applicable)

1. Type of Fuel Sold _____
2. Capacity of fuel storage _____ Storage Method: ☐ Aboveground Tank ☐ Underground Tank
3. Tank Registration # (DEQ): _____
4. Underground Storage Tank (UST)/Aboveground Petroleum Storage Tank (APST) Compliance Certificate #: _____

Please provide the following Information and copies of any applicable documents

1. Fuel Supplier License (If applicable).
2. Insurance Certificate (liability coverage).
3. Permits and approvals from the Utah Department of Environmental Quality (DEQ).
4. Permits and approvals from the Division of Air Quality.
5. Proof of fire safety compliance, Inspection report, or certificate.
6. Emergency operations plan.
7. Utah County Health Department certificate.
8. Copies of any other applications, permits, and approvals required for your business from Federal and State authorities (Attach copies to the application).

Any other applicable information you would like to supply?

**** All Businesses will be subject to inspections as needed *****

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___ Employee_____

Phone: _____ Address: _____

Security alarm system: Yes _____ No_____. If yes, list the alarm company's name and phone number:

Name: _____ Phone: _____

Is this building equipped with a fire sprinkler 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: _____

Do you have an emergency key box, and where is it located? _____

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. .

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 Printed Name _____

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: _____

For Office Use Only

- ☐ Application fees paid.
- ☐ Fire Inspection completed: Date _____ By: _____
- ☐ Utah County Health Department Approval Number _____ (need a copy of certificate)
- ☐ Zoning: _____
- ☐ Conditional Use Permit: _____ By: _____
- ☐ Fuel Supplier License (If applicable).
- ☐ Insurance Certificate (liability coverage).
- ☐ Permits and approvals from the Utah Department of Environmental Quality (DEQ).
- ☐ Permits and approvals from the Division of Air Quality.
- ☐ Proof of fire safety compliance, Inspection report, or certificate.
- ☐ Emergency operations plan.
- ☐ Utah County Health Department certificate.
- ☐ Copies of any other applications, permits, and approvals required for your business from Federal and State authorities (Attach copies to the application.)

Additional Comments:

- ☐ **Fire Inspection Fee** _____
- ☐ **Business licence Fee** _____
- ☐ **Paid:** _____
- ☐ **Check #:** _____
- ☐ **Business License #:** _____

Title

Signature

Date