



**UINTAH COUNTY  
COMMUNITY DEVELOPMENT**

152 East 100 North, Vernal, Utah 84078  
435-781-5336 Fax 435-781-5352

**Steps to obtaining a Uintah County Business License**

**Step One: Determine if you need a Conditional Use Permit (CUP)**

Conditional Use Permits are required for certain types of activity on your property. If you are not sure whether or not you need a CUP, please call our office at the number above.

**Step Two: Register your business with the state**

All corporations and each business name must be registered with the State of Utah. To do so, go to [obsr.utah.gov](http://obsr.utah.gov) or call 801-530-4849.

If you have a state professional license, submit a copy in the attachment section of this application. If you have questions concerning your professional licensing, contact the office of the Utah Department of Professional Licensing at [dopl.utah.gov](http://dopl.utah.gov), or call 1-866-275-3675.

**Step Three: Complete application and obtain required approvals**

If you are applying for an internet-based business, then you will only need to get approval from the Community Development office. If you are applying for any other type of home business, then you will need to get approval from the Community Development office, and then your application will be forwarded to the County Commission for final approval. If you are applying for a commercial business license, your application will be forwarded to the Sheriff's Department, Tri-County Health, and the Fire Marshal before getting approval from Community Development and the County Commission. We have provided contact information for each of these entities to help answer your questions regarding specific requirements for your commercial business:

**Sheriff's Office**

Steve Labrum  
641 E 300 S #250  
435-789-2511

**Fire Marshal**

Jeremy Raymond  
152 E 100 N  
435-781-6756

**Tri-County Health Department**

Darrin Brown  
133 S 500 E  
435-247-1160

**Step Four: Submittal and Payment**

Once you have submitted your county business license application online you will need to pay the application fee. This can be done by paying in person, sending a check, or calling the Community Development office and paying over the phone.

Your business license fee will cover from January to December of the year paid regardless of the month issued. If your license is approved between November and December, the application fee will be valid for the remainder of the year as well as the duration of the following year. The Clerk-Auditor's office will send a reminder at the end of each year for you to pay the renewal fee for the following year.

## Utah County Business License Application

### Division Classification of Business License (choose one)

- Division I:** In-Home Occupation. All business activities take place within home. Customers do not enter home. No Fee. (This includes internet based businesses and drop-shipping)
- Division II:** Commercial, Industrial, or Home-Based Business. \$100 Fee
- Division III:** Sexually Oriented Business \$500 Fee
- Door to Door Solicitation:** \$100 Fee + \$10 Per Salesman
- Temporary Business:** Businesses operating for one month or less. \$25 Fee. If the business will be an event, additional information must be filled out on the page entitled "Temporary Use License"
- Taxicab/Transportation Services:** Services for transporting people. \$100 Fee + \$10 per driver + \$3 per each additional employee

**ADDITIONAL FEES** = \$3.00 per full-time employee, \$1.50 per part-time employee, \$2.00 per unit, space, or room (for hotels and trailer parks)

Number of Full-Time Employees (excluding owners) \_\_\_\_\_ Number of Part-Time Employees \_\_\_\_\_ Number of units, spaces, or rooms \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

Business Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**APPLICANT NAME:** \_\_\_\_\_

Business Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**MANAGER NAME:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you the owner of the business? Yes  No

Does your business require the public to enter your home for any reason? Yes  No

Are you the property owner? Yes  No

If you are not the property owner, please fill out the section entitled "Tenant Approval to do Business"

Utah State Sales Tax Number (must be provided if selling a product):		
Utah State DBA/Entity Number:		
Utah State Contractor or Professional License Number:		Expiration Date:

*For office use:*

Date of Application: \_\_\_\_\_ Fee: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt No: \_\_\_\_\_ License No: \_\_\_\_\_

Please provide a detailed description of your business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any materials/equipment you will use for your business:

\_\_\_\_\_

Please list any commercial vehicles your business will use, and where they will be parked:

\_\_\_\_\_

Will items/goods be sold at public events or shows? Please explain:

\_\_\_\_\_  
\_\_\_\_\_

I certify that the answers given herein are true and accurate to the best of my knowledge. I authorize Uintah County to make such investigations and inquiries of the criminal history and other related matters as may be necessary in arriving at a decision to authorize a license to operate and/or sell items specified and limited to the outline of the business classification and use. I hereby release law enforcement agencies or persons from all liability in responding to inquiries regarding my application. In the event of approval of the license, I understand that any false or misleading information given in my application may result in revocation of said license. I understand also that I am required to abide by all rules and regulations of Uintah County and other governing agencies. I am also aware the approval or denial of my business license will take time to be processed as my application is reviewed by multiple departments within Uintah County.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Tenant Approval to do Business**

If you are not the property owner of your business location, please provide a current lease agreement or fill out the fields below:

I (We) \_\_\_\_\_, owner(s) of the real property located at \_\_\_\_\_, defined with parcel # \_\_\_\_ : \_\_\_\_ : \_\_\_\_\_, do authorize \_\_\_\_\_ to use my (our) property, presently rented, for a business.

\_\_\_\_\_  
(Property Owner)

\_\_\_\_\_  
(Property Owner)

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

(Notary)

Name of Business: \_\_\_\_\_

**Approval Sheet**

**Zoning of Property**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> A-1 Agricultural              | <input type="checkbox"/> R-1 Residential | <input type="checkbox"/> C-2 Heavy Commercial                 |
| <input type="checkbox"/> A-3 Agricultural              | <input type="checkbox"/> R-2 Residential | <input type="checkbox"/> I-1 Industrial                       |
| <input type="checkbox"/> A-4 Agricultural              | <input type="checkbox"/> R-3 Residential | <input type="checkbox"/> I-2 Heavy Industrial                 |
| <input type="checkbox"/> A-1D Dry Fork                 | <input type="checkbox"/> MH Mobile Home  | <input type="checkbox"/> MG-1 Mining and Grazing              |
| <input type="checkbox"/> RA-1 Residential Agricultural | <input type="checkbox"/> C-1 Commercial  | <input type="checkbox"/> RFM Recreation, Forestry, and Mining |
|  |  | <input type="checkbox"/> ASP Ashley Springs Protection        |

**Community Development Office**

- Approved       Denied

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**For Commercial Businesses**

- |                              |                                   |                                 |                              |
|------------------------------|-----------------------------------|---------------------------------|------------------------------|
| Fire Marshal                 | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| Sheriff's Department         | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| Tri-County Health Department | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |
| Building Inspector           | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | <input type="checkbox"/> N/A |

**COUNTY COMMISSION DECISION**

- Approved                                       Denied                                       N/A

\_\_\_\_\_  
**Commission Chair**

\_\_\_\_\_  
**Date**

**Conditions**

This business license is approved with the following conditions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<i>Date of Renewal</i>	<i>Certificate #</i>	<i>Amount \$</i>	<i>Date Renewed</i>	<i>Certificate #</i>	<i>Amount \$</i>



## Assessor's Form

Congratulations on the establishment of your new business. To smooth your business path, please be aware of the following statutory provisions relating to businesses:

- ❖ Utah Code, annotated 59-2-101 et seq., requires that each business pay property tax on the equipment and fixtures used in its operation.
- ❖ To assist the Assessor in determining what taxable equipment you have, Utah Code requires you to file an affidavit each year with the Assessor's Office.
- ❖ Business names are also picked up through phone listings and state and local government agencies. Property that has escaped taxation can be picked up and back billed to you with interest and penalties.
- ❖ The responsibility for business taxes is a personal obligation of the business owner.

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**Please fill out the applicable fields below** (pick one of the three groups).

**Existing Business:** \_\_\_\_\_

Business Start Date (date began operating): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address of Personal Property: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**New Business:** \_\_\_\_\_

Business Start Date (estimated Commission approval date): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address of Personal Property: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**Business Name Change/New Owner:** \_\_\_\_\_

Prior Name of Business: \_\_\_\_\_

New Name of Business: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address of Personal Property: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**What Type of Equipment Do You Have?** (computers, machinery, furniture, file cabinets, manufacturing equipment, and estimate cost of office supplies)

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# Temporary Use License Application

Please fill out the following if your business is an event. County code allows temporary use licenses for events that run up to one month.

Event Name:	Sponsoring Organization:
Please provide a detailed description of the event:	
Location of event:	Dates of event:
Time that the event will begin and end:	
If this event involves music, please provide detail:	Number of people expected to attend:
Number of employees that will be present:	
How many vehicles do you expect in connection with your event?	Will you be serving food, drinks, or alcohol?
Will there be any third-party vendors? If so please list:	

**Please attach the following:**

**Detailed site plan:** A site drawing must be attached to your application. Please include signs, stages, tents, carnival/amusement rides, electrical services, location and direction of the amplified sound, alcohol serving areas if any, temporary fencing, open flames/cooking areas, first aid, parking/transportation transfer areas, recycling containers, merchandise/food vendors, controlled access/admission areas, portable toilets, handicap parking and emergency access. If there will be tents, a floor plan of the tents showing exits, occupant load, fire extinguishers etc. must be shown. Also show any residential/commercial properties that may be affected within 1 mile of the staging area. **Incomplete site plans will not be accepted.**

If event takes place on county-owned property, please provide proof of liability insurance.

**Traffic Control Plan:** A Traffic Control Plan must indicate vehicle/pedestrian traffic control, detour routes and directional signs, the time period of closures for any street, sidewalk, alley, right-of-way, & parking lots of other public access areas. Notice of any Closures must be posted 72 hours prior to the event with appropriate Uniform Traffic Control Devices.

**Community Development Office**

Approved       Denied

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Other Entities**

Fire Marshal	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
Sheriff's Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A
Tri-County Health Department	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A

**Conditions**

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