



**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)**

At the time of applying for the business license, it will need to be determined whether or not a CUP should be issued. This will be determined by the type of business and zoning of the property on which the business is located. Please ask the Community Development Department for this information.

**STEP TWO: REGISTER YOUR BUSINESS WITH THE STATE**

Each business must first be registered with the State of Utah. This will ensure that the DBA (Doing Business As) name for your business is valid and your business has been set up properly.

Go to [osbr.utah.gov](http://osbr.utah.gov). There will be a series of questions for you to answer. **The State will send you a certified copy (stamped with the Utah State Seal) of your DBA. You may also log onto the user account you created to print a copy. You must attach a copy of the CERTIFIED DBA with your Completed Business License Application to our office.**

**IF YOU HAVE A STATE PROFESSIONAL LICENSE, SUBMIT A COPY WITH THIS APPLICATION.**  
*If you have questions concerning your professional licensing, contact the office of the Utah Department of Professional Licensing at 1-866-275-3675 [dopl.utah.gov](http://dopl.utah.gov).*

**STEP THREE: COMPLETE APPLICATION AND OBTAIN REQUIRED APPROVALS**

You will need to obtain approval from other appropriate departments; these will include the Sheriff, Fire Marshall, and Health Department. Please be cooperative with any departments requiring an inspection. Also, note that TriCounty Health may charge a fee and that departments are often busy. Bring in all information into the Community Development office for review, final inspection, and approval.

**Sheriff**  
Vance Norton  
641 E 300 S #250  
435-789-2511

**Fire Marshall**  
Jeremy Raymond  
152 E 100 N  
435-781-6756

**Tri-County Health Department**  
Darrin Brown  
133 S 500 E  
435-247-1160

**STEP FOUR: GET APPROVAL FROM THE COUNTY COMMISSION**

Return your application to the Community Development office. All completed business license applications will be submitted to the County Commission in a regular scheduled meeting (usually every Monday) upon completion of all required information **and inspections**. Applicants *do not* need to attend this meeting unless informed otherwise.

**IF YOU HAVE QUESTIONS, PLEASE CONTACT OUR OFFICE AT THE NUMBER LISTED ABOVE.**



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**BUSINESS LICENSE APPLICATION**

Date of Application: \_\_\_\_\_

Date Paid: \_\_\_\_\_

License No: \_\_\_\_\_

Fee: \$ \_\_\_\_\_

Receipt No: \_\_\_\_\_

**DIVISION CLASSIFICATION OF BUSINESS LICENSE (choose one)**

**DIVISION I – IN-HOME OCCUPATION**

FEE= \$50.00 + \$3.00 per F.T.E. or unit as applicable  
\$1.50 per part-time employee

**DOOR TO DOOR SALES**

FEE= \$100.00 + \$10.00 per salesperson +  
\$3.00 per F.T.E.

**DIVISION II – HOME BASE, COMMERCIAL AND INDUSTRIAL**

FEE= \$100 + \$3.00 per F.T.E. or unit as applicable  
\$1.50 per part-time employee; \$2.00 per space or room

**TEMPORARY BUSINESS**

FEE= \$25.00 (good for one month)

**DIVISION III – SEXUALLY ORIENTED BUSINESSES**

FEE= \$500 + \$3.00 per F.T.E. as applicable  
\$1.50 per part-time employee

If a hotel or trailer park: # rooms, spaces \_\_\_\_\_ # of full-time employees excluding owners \_\_\_\_\_ # of part-time \_\_\_\_\_

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Property Serial number: \_\_\_\_\_ Are you the owner of the property? Yes \_\_\_\_\_ No \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Are you the owner of the business? Yes \_\_\_\_\_ No \_\_\_\_\_

**Submit photo copy of each applicable number:**

UTAH STATE SALES TAX #: \_\_\_\_\_ UTAH STATE DBA/ENTITY #: \_\_\_\_\_

UTAH STATE CONTRACTORS OR PROFESSIONAL LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

**MY BUSINESS IS A(N): (please choose all that apply)**

- EXISTING BUSINESS
- EXISTING BUSINESS with a name change.
- NEW BUSINESS
- OUT OF HOME BUSINESS
- COMMERCIAL VEHICLE AT HOME
- UNDER NEW OWNERSHIP OR TRANSFERRING (from another city)

Does your business require the public to enter your home for any reason?    YES    NO

Describe your business and the equipment used to manage it:

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If your business includes **any vehicles or trailers you will need to provide a photo** of each at the time your application is submitted.

After the Community Development Department receives your application back from all other departments, & approvals have been completed for your business license, it will then be presented at the County Commission Meeting.

Your business license fee will cover from January to December of the year paid regardless of the month issued. For example, applying in March of 2009 will last through December 2009. Applying in September of 2009 will also last through December 2009.

***If any license fee is not paid within forty-five (45) days of the due date, a penalty of fifty percent (50%) of the amount of such license fee shall be added to the original amount thereof. No license shall be issued until all penalties have been paid in full. If any license fee is not paid within ninety (90) days from the due date, the license shall become inactive. To reactivate the business license the business must meet current County Business License Regulations, pay the regular license fee, pay the penalty of fifty percent (50%) of the amount of such license fee plus a reinstatement fee of one hundred dollars (\$100.00), and get approval from the Uintah County Commission.***

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** \_\_\_\_\_

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

**OFFICE USE ONLY**

**CONDITIONAL USE PERMIT INFORMATION**

IS A CONDITIONAL USE PERMIT NEEDED FOR THIS BUSINESS TO BEGIN OPERATIONS? YES \_\_\_\_\_ NO \_\_\_\_\_

CUP APPROVED? YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_

Conditions of CUP: \_\_\_\_\_

**ZONING OF PROPERTY:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> A-1 Agricultural              | <input type="checkbox"/> MH-Mobile Home Residential | <input type="checkbox"/> I-1 Industrial                      |
| <input type="checkbox"/> R-1 Residential               | <input type="checkbox"/> C-1 Commercial             | <input type="checkbox"/> I-2 Industrial                      |
| <input type="checkbox"/> R-2 Residential               | <input type="checkbox"/> CP-1 Planned Commercial    | <input type="checkbox"/> TTR-2 Travel, Tourism, & Recreation |
| <input type="checkbox"/> R-3 Residential               | <input type="checkbox"/> A1-D Dry Fork Overlay      | <input type="checkbox"/> RMF-Recreation, Mining, Forestry    |
| <input type="checkbox"/> RA-1 Residential Agricultural | <input type="checkbox"/> MG-1 Mining & Grazing      |  |

**AGENCY APPROVAL CHECKLIST**

**SHERIFF DEPT.**

**HEALTH DEPT.**

- APPROVED    DENIED    N/A    BEER LICENSE APPROVAL IF APPLICABLE

- APPROVED    DENIED    N/A

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

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

**FIRE MARSHAL**

**COMMUNITY DEVELOPMENT OFFICE**

- APPROVED    DENIED    N/A

- APPROVED    DENIED    N/A

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

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

**COUNTY COMMISSION DECISION**

- Approved    Denied

\_\_\_\_\_  
**Commission Chairperson**

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



## 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:

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**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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Tenant Approval to do Business

I (We) \_\_\_\_\_, the 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\_\_\_\_, the above signer(s) of this agent authorization form personally appeared before me and duly acknowledged to me that they executed the same.

\_\_\_\_\_  
(Notary)