



## Centerfield City

130 South Main Street, Centerfield, UT 84622

Mailing Address: PO Box 220200, Centerfield, UT 84622

Email: [office@centerfieldcity.org](mailto:office@centerfieldcity.org)

Telephone: (435) 528-3296

[www.centerfieldcity.org](http://www.centerfieldcity.org)

### Business License Application Checklist & Procedures

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***\*\*Business License applications must be submitted to the city offices for review, at least 2 weeks before the application can be approved by the City Council.***

A business license application will need to contain the following before consideration for review:

1. Home Occupation Business License application
  - a. Application Form
  - b. Detailed Description of Business Operations Form
2. Copy of Department of Commerce Name Registration (DBA, INC, LLC, etc.) Department of Commerce, 160 E. 300 South, SLC, (801-530-4849) [www.business.utah.gov/registration](http://www.business.utah.gov/registration) to register name/tax numbers online.
3. State Sales Tax Number and Employee ID Number (if applicable)  
State Tax Commission: 210 N. 1950 West or 160 E. 300 South, SLC (801-297-2200)
4. Property Owner Permission If you are not the property owner, a letter giving the occupant permission to operate a business from this home from the property owner is required.
5. If you live in an HOA or PUD community, a letter from the Board allowing you to have a Home Business must be included.
6. Pay fees
  - a. Business License fee – Fees vary by business type. Check before paying.
  - b. \$50.00 Application Fee (one-time) – **for all new applications.**
7. Copy of a Current Background Check (*Solicitor oriented business only, on all owners and employees.*)

*Refer to Centerfield City's Municipal code: Title 3 "Business Licenses and Regulations". The Municipal Code can be found online at [www.CenterfieldCity.org](http://www.CenterfieldCity.org).*

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#### OTHER AGENCIES THAT MAY NEED TO REVIEW THE APPLICATION

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##### **Fire Department**

Childcare businesses are subject to fire code inspections. The Fire Department will inspect the business before the license will be issued. When you are moved in and ready to operate but not operating, please contact the Gunnison Valley Fire Department to schedule this inspection.

##### **Health Department**

Some businesses require approval of the Central Utah Public Health Department. You are responsible to contact them and meet any of their requirements. This includes all Beauty Salons, Nail Salons, Massage Therapy, Reiki, Food Services, Doctors, Dentist, etc. You may contact the Central Utah Public Health Department at 435-835-2231.



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### HELPFUL RESOURCES

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A great resource for starting a business is [www.business.utah.gov](http://www.business.utah.gov). This site connects new business owners with all required Government Agency registrations.

**Register Business Name:** Department of Commerce and Commercial Code

If you are using a business name, whether it be a DBA, LLC, INC., etc., the name needs to be registered with the Department of Commerce, located at 160 E. 300 South, Salt Lake City, (801-530-4849). This can be done in person or online at [www.business.utah.gov](http://www.business.utah.gov) (One Stop Online Business Registration).

When using the online registration, you may also obtain tax numbers such as Sales and Use Tax and Employee Income Tax Withholding (EIN).

#### Employers

If you pay wages to any person and are an employer, you are required to register with the following State and Federal Government Agencies:

- Internal Revenue Service: 50 S. 200 East, Salt Lake City, (800-829-3676)
- Department of Workforce Services: 160 E. 300 South, Salt Lake City, (800-530-5090 or local call 801-530-6800)
- Workers Compensation Fund of Utah: contact Workforce Services at 801-526-9675
- Utah State Tax Commission: 210 N. 1950 West, Salt Lake City, (801-297-2200) <http://tax.utah.gov>

#### State of Utah Department of Occupational and Professional License

If your profession is regulated and licensed by the State of Utah such as a contractor, cosmetologist, real estate, mortgage, doctor, etc., a copy of this license will need to be provided to the City when the business license application is submitted. The Department of Occupational and Professional License is located at 160 E. 300 South, Salt Lake City, (801-530-6628) or [www.dopl.utah.gov](http://www.dopl.utah.gov).

#### Criminal Background Check

Bureau of Criminal Identification, 3888 W. 5400 South, West Valley City, (801-965-4445)

If applicant is from outside of Utah, a criminal background check is required from an equivalent agency located in the state where the applicant resides or a national check by B.C.I., if available.



## Business License Application

City of Centerfield  
130 S Main St  
PO Box 220200  
Centerfield, UT 84622  
Phone: 435-528-3296  
[www.CenterfieldCity.org](http://www.CenterfieldCity.org)

### APPLICANT INFORMATION

Account No. \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Business Phone : (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Business Address (Physical): \_\_\_\_\_

Mailing Address (PO Box): \_\_\_\_\_ Website: \_\_\_\_\_

Description of Business Operation: \_\_\_\_\_

Does your business involve the sale of a tangible product? \_\_\_\_\_ State Sales Tax #: \_\_\_\_\_

Do you have employees? \_\_\_\_\_ EIN # \_\_\_\_\_

Utah Division of Occupational/Prof. License #: \_\_\_\_\_ Type: \_\_\_\_\_

### BUSINESS OWNER INFORMATION

Business Owner name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Owner Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### PROPERTY OWNER INFORMATION

Property Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Phone (Home) (\_\_\_\_) \_\_\_\_\_ (Work): (\_\_\_\_) \_\_\_\_\_

Letter of permission included? Y/N \_\_\_\_\_ (required if you do not own your home)

### APPLICANT INFORMATION

*Under state and federal law we are prohibited from processing this application or issuing a license to any person who fails to provide this information.*

Check one:

☐ I am a U.S. citizen. SSN: \_\_\_\_\_

☐ I am a Qualified alien under \*U.S.C. 1641 and am present in the U.S. Lawfully. I-94: \_\_\_\_\_

Alien#: \_\_\_\_\_

This form is an application for a business license. The payment of license fees does not constitute approval to operate a business. The business license will be issued when all reviews are complete and compliance with Zoning, Building, Fire, Health or other City Divisions have been met.

☐ *I affirm under penalty of perjury that all information on this application is true and correct. I also agree to comply with all requirements of the Centerfield City Code.*

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)



## Business License Application

### Detailed Description of Business Operations

Please provide detailed descriptions of business activities in the section applicable. Indicate when the description is not applicable. *A business description lacking in detail, will likely result in delays in your application.*

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#### COMMERCIAL BUSINESS

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Describe the business activities that will be conducted at the proposed business location (office, warehouse, retail or salon):

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Describe the business activities that will be conducted off-site (construction, delivery, installation, etc):

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#### HOME OCCUPATIONS

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Is another home occupation operated from this address? If so, what is the business name?

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Outline business activities to be conducted in the home:

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Provide the number of business vehicles you will have. *Do not include personal vehicles.*

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Provide the number of business trailers you will have. *Do not include personal trailers.*

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## Business License Application

### Detailed Description of Business Operations

### Emergency Information

(Must be completely filled out)

Police, Fire, and Medical Services may need to contact you in an emergency. In order for us to provide the best possible service, we need current information on responsible company persons capable of being contacted after business hours and who are able to respond to your business within 15-20 minutes if needed. Please print as clearly as possible.

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#### BUSINESS INFORMATION

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Business Name: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Business Address: \_\_\_\_\_

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#### RESPONSIBLE PERSONS

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Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Pager: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Pager: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_ Pager: \_\_\_\_\_  
Email Address: \_\_\_\_\_

*This information is confidential and will only be used for official business. If any of the above information changes, please contact us at 801-528-3296.*

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