



**JUAB COUNTY  
BUSINESS LICENSE APPLICATION**

160 N. MAIN STREET  
NEPHI, UT 84648  
PH: (435) 623-3410

For Official Use Only  
DATE RECEIVED

Please PRINT all information!

**OWNER/LEGAL AGENT INFORMATION**

|                                               |  |                 |  |              |  |
|-----------------------------------------------|--|-----------------|--|--------------|--|
| Owner's Name/Legal Agent:                     |  | Personal Phone: |  |              |  |
| Mailing Address:                              |  | City/Town:      |  | State:       |  |
| ZIP:                                          |  | Email:          |  | Web Address: |  |
| Additional Officer/<br>Partner/Owner Name(s): |  |                 |  |              |  |

**BUSINESS INFORMATION**

|                      |  |                 |  |              |  |
|----------------------|--|-----------------|--|--------------|--|
| Business Name (DBA): |  | Business Phone: |  |              |  |
| Street Address:      |  | City/Town:      |  | State:       |  |
| ZIP:                 |  | Email:          |  | Web Address: |  |

**BUSINESS MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)**

|                  |  |            |  |              |  |
|------------------|--|------------|--|--------------|--|
| Mailing Address: |  | City/Town: |  | State:       |  |
| ZIP:             |  | Email:     |  | Web Address: |  |

**BUSINESS REGISTRATION INFORMATION**

|                                                                                                          |                                   |                                                                      |                                   |  |
|----------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------|-----------------------------------|--|
| Business has been registered with the Utah Dept of Commerce, Division of Corporations & Commercial Code: |                                   | <input type="radio"/> Yes                                            | <input type="radio"/> No          |  |
| Type of Organization                                                                                     |                                   |                                                                      | Number of Employees:              |  |
| <input type="radio"/> Self Owned                                                                         | <input type="radio"/> Corporation | <input type="radio"/> Limited Liability                              | <input type="radio"/> Partnership |  |
| Utah State Tax Commission<br>Sales Tax Number:                                                           |                                   | Utah State Tax Commission<br>Employee Income Tax Withholding Number: |                                   |  |
| Utah Department of Workforce Services<br>Unemployment Insurance Employer ID Number:                      |                                   | Internal Revenue Service<br>Federal Employer ID Number:              |                                   |  |
| Does business type require a license from<br>any other government agency?                                | <input type="radio"/> Yes         | <input type="radio"/> No                                             | If so, what government agency?:   |  |
| If so, what is license number?                                                                           |                                   | If so, how often must license be renewed?                            |                                   |  |

**PROPERTY INFORMATION**

|                                                                                                      |  |                             |  |
|------------------------------------------------------------------------------------------------------|--|-----------------------------|--|
| Property Owner:                                                                                      |  | Property Tax Serial Number: |  |
| <b>The Property Owner's written, notarized approval<br/>must be submitted with this application.</b> |  | Business GPS Coordinates:   |  |

**BUSINESS DESCRIPTION**

|                                                                                                                |  |
|----------------------------------------------------------------------------------------------------------------|--|
| Describe the business and all business activities (for example, explain sales, manufacturing, shipping, etc.): |  |
|----------------------------------------------------------------------------------------------------------------|--|

**SHERIFF**

|                                                                                                                                                                                                                            |                           |                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| Does the business have phone service for 911 purposes?                                                                                                                                                                     | <input type="radio"/> Yes | <input type="radio"/> No |
| What dedicated emergency services will this business need on a regular basis and how often will it need them (fire/hazmat/ambulance/etc)?                                                                                  |                           |                          |
| What security concerns will this business have and will this business have additional law enforcement needs (e.g. extra patrols at night)?                                                                                 |                           |                          |
| Does this business intend to sell, display, offer, or present alcoholic beverages, sexually oriented materials, tobacco products, or other products/materials not suitable for minors? If so, what does it intend to sell? |                           |                          |

**PUBLIC HEALTH**

|                                                                                                                                                                                             |                           |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| Will this business provide any of these services: Food Service, Child Care, Public Lodging, Public Swimming Pool/Spa, Mobile Home or Recreational Vehicle Park, Tanning Salon, or Body Art? | <input type="radio"/> Yes | <input type="radio"/> No |
| Will this business use, store, or produce as waste any hazardous or toxic materials?                                                                                                        | <input type="radio"/> Yes | <input type="radio"/> No |

**ROADS**

|                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------|--|
| Number of motor vehicles (less than 16,000 lbs GVWR) expected to be arriving at/leaving this business daily: |  |
| Number of trucks (greater than 16,000 lbs GVWR) expected to be arriving at/leaving this business daily:      |  |
| Greatest gross axle weight per truck arriving at/leaving this business daily:                                |  |

**FOR OFFICIAL USE ONLY**

|                     |           |
|---------------------|-----------|
| Land Use/Zoning:    | Comments: |
| Approval/Date       |           |
| Public Health:      | Comments: |
| Approval/Date       |           |
| Fire Marshall:      | Comments: |
| Approval/Date       |           |
| Building Inspector: | Comments: |
| Approval/Date       |           |
| Road Supervisor:    | Comments: |
| Approval/Date       |           |
| Sheriff:            | Comments: |
| Approval/Date       |           |
| Clerk:              | Comments: |
| Approval/Date       |           |

I hereby make application for a business license within the corporate limits of Juab County, Utah, and outside the limits of incorporated cities and towns, and in accordance with Title 9 of the "Juab County Code" for the type of business listed.

A license shall not be issued, nor shall any business activity occur where a business fails to comply with any federal, state, or local laws or regulations including those administered by the following county offices: Clerk, Zoning, Building Inspection, Health, Sheriff, Fire Marshal, Roads, Commission, and Board of License Equalization. Nor shall a license be issued when, due to failure to comply, the business is disapproved by one of the said offices. A Juab County Business license is valid only so long as any additional license, required by any other government agency, is obtained and only so long as that additional license is valid and not otherwise disapproved, expired or revoked. A license shall not be issued to any applicant which has been convicted of a felony or a crime of moral turpitude. If the license or license renewal is disapproved and not issued, \$20 of the fee shall be retained to cover the cost of processing the application and the balance of the fee shall be returned to the applicant.

Any application for a business license or license renewal shall constitute an irrevocable consent of the owner and their agent(s) for such entry and inspection at reasonable times, until the license is disapproved, expired or revoked. As the business owner or responsible agent, I hereby certify that the information submitted in this application is accurate and I agree to abide by the terms and conditions of any business license issued as a result of said information. I understand that this application must be approved and a valid Juab County Business License issued before business activities may commence at this location.

I hereby certify that I have not been convicted of a felony or a crime of moral turpitude within the last five (5) years.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date

**FOR OFFICIAL USE ONLY**

|                                                                                                                              |                                                       |                                                              |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|
| COUNTY COMMISSION ACTION ON BUSINESS LICENSE APPLICATION<br>( ) Approved ( ) Disapproved<br><br>By: _____<br><br>Date: _____ | Comments/Conditions/Reasons for Approval/Disapproval: | License Fee: _____                                           |
|                                                                                                                              |                                                       | Fee Paid: <input type="radio"/> Yes <input type="radio"/> No |