

Heber City Corporation

Business License Application

75 North Main

Heber City UT 84032

Phone : (435) 657-7899

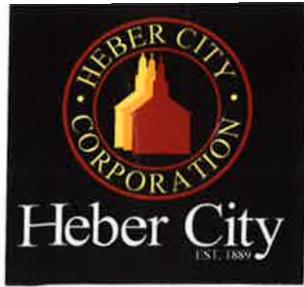
Fax: (435) 657-2543

Website: www.ci.heber.ut.us

Dear Business Owner,

Thank you for choosing to locate your business in Heber City. The following is a list of helpful information to assist you in obtaining a Heber City Business License.

1. All Applications require a nonrefundable application processing fee. This fee must be turned in with the application in order to begin the processing. Please refer to the Consolidated Fee Schedule.
2. The submittal of this application **DOES NOT** constitute a valid business license. A separate business license will be issued once the application has been approved.
3. Fill out the forms completely and clearly. (Business License Application, Home Occupation Check list, Building & Space Evaluation, Emergency Contact). Incomplete applications may delay the licensing process.
4. Heber City Code requires that some businesses may be required to have additional permits or licensing.
5. Any business that requires a fire safety inspection must pay an additional inspection fee. This can be included with the license and application fee. Please refer to the Consolidated Fee Schedule.
6. The forms of payment accepted are cash, checks and credit cards. All fees are payable to Heber City Corporation.
7. Make sure you have all the appropriate registration numbers from State and Federal agencies on your application. You can obtain these numbers online at: www.utah.gov under the business menu or you may contact the following agencies:
 - a. **Utah Department of Commerce** to obtain your business name registration. (801) 530-6701 or www.commerce.utah.gov
 - b. **Utah State Tax Commission** to obtain your sales tax number at (800)662-4335 or (801)297-2200 or www.tax.ex.state.ut.us A Sales tax number may not be required if your business does not sell anything.
 - c. **Federal ID Number (EIN)** (800) 829-4933 or www.irs.gov. If you are a sole proprietor you may not need this number. Please call to confirm if your business will need this.
 - d. **Department of Professional Licensing (DOPL)** (866) 275-3675 or www.dopl.utah.gov. This is for occupations regulated by the State of Utah: example, Contractors, Doctors, Nurses, etc.
 - e. **Wasatch County Health Department** (435) 657-3264. If you are preparing and serving any food and/or drinks, applying permanent cosmetics, or tattoos you must obtain a permit from the local Health Department.
 - f. **Utah State Department of Agriculture;** (801) 538-7124. If you are selling any produce, baked goods, plants or nursery related items, you must obtain a permit from the Department of Agriculture.
 - g. **State Child Care Licensing** (800) 894-2588 or (801) 538-9299.
8. All fees must be paid in full before a Heber City Business License will be issued.
9. All inspections must be approved before a Heber City Business License will be issued.
10. A criminal background check will be required for all applicants dealing with child daycare, housekeepers, motorized street vendors, temporary sales, and solicitors. This is done at **The Bureau of Criminal Identification**, located at 2888 West 5400 South, Taylorsville, UT 48114, Phone number (801) 965-4445 or www.bci.utah.gov.



HEBER CITY CORPORATION

75 North Main, Heber City UT 84032
 Phone (435)657-7899
 Fax (435)657-2543

OFFICE USE ONLY

Date of Application _____
 License # _____ NAICS Code _____
 Business Type _____
 License Fee _____ Bond _____
 Processing Fee _____ Inspection Fee _____
 Alcohol License Fee _____
 Receipt _____ Total Due _____

Please print legibly.

Section I: Business Information

Type of Business Home (Must complete the Home Occupation Checklist)
 Commercial

Business Name _____

Doing Business as (DBA) _____

Business Location Street Address _____ City _____ State _____ Zip _____

Mailing Address Street Address/ P O Box _____ City _____ State _____ Zip _____

E-mail Address _____

Business Phone _____ Business Fax _____ Cell Phone _____

Department of Commerce Entity Number _____ Sales Tax # _____ Federal Id # _____

Professional License # _____ Drivers License# _____ State _____

Previous Business Name _____ Not applicable

Previous Business Location _____ Not Applicable

Section II: Ownership & contacts

Owner Name	First	Middle	Last	Contact Role (mark all that apply) <input type="checkbox"/> Application Contact <input type="checkbox"/> Ownership <input type="checkbox"/> Agent <input type="checkbox"/> Local Manager <input type="checkbox"/> After Hours <input type="checkbox"/> Emergency contact <input type="checkbox"/> Licensing Representative <input type="checkbox"/> Other Officer or Employee	
Owner Address	Street	City	State		Zip
Owner Mailing Address	Street or PO Box	City	State		Zip
Owner Date of Birth _____					
Owner Drivers License #(must provide copy)	Co Owner Drivers License #(must provide copy)		Owner Passport #		
Owner Phone #	Owner Cell Phone #		Owner Fax #		
Ownership Type	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship		<input type="checkbox"/> LLC
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Valid US Work Authorization Certificate #(must provide a copy)			
Co-Owner Name	First	Middle	Last	Contact Role (mark all that apply) <input type="checkbox"/> Application Contact <input type="checkbox"/> Ownership <input type="checkbox"/> Agent <input type="checkbox"/> Local Manager <input type="checkbox"/> After Hours <input type="checkbox"/> Emergency contact <input type="checkbox"/> Licensing Representative <input type="checkbox"/> Accounting <input type="checkbox"/> Other Officer or Employee	
Co-Owner Address	Street	City	State		Zip
Are you a US citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Valid US Work Authorization Certificate # (must provide a copy)		
Manager Name	First	Middle	Last		
Manager Address _____					
Manager Phone _____					

Section III: Business Description;

Type of operation (mark all that apply)

<input type="checkbox"/> Retail sales (on site)	<input type="checkbox"/> Construction	<input type="checkbox"/> Fresh Food (prepared on site)	<input type="checkbox"/> Service
<input type="checkbox"/> Retail sales(rarely on site)	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Professional Service
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Day Care/Preschool	<input type="checkbox"/> Transportation
<input type="checkbox"/> Alcohol (off premise)	<input type="checkbox"/> Alcohol (On premise)	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Sexually Oriented Business
<input type="checkbox"/> Pawn Broker/ Second Hand Dealer	<input type="checkbox"/> Guns &/or ammunition (Provide copy of Federal Firearms Permit)	<input type="checkbox"/> Tobacco-Provide copy of Utah State Tobacco Sales # _____	<input type="checkbox"/> Other _____

Detailed Description of all anticipated business operation (Be specific as to the use of the business location, storage of material, etc)

Building / Plaza Name

Will this building require any structural, electrical, mechanical or plumbing changes? Yes No

If Yes, explain, (Building permit may be required)

If property is rented, please include letter of permission from the landlord.

Does this business include any of the following? (check all that are applicable)

<input type="checkbox"/> Constructing a new sign(Sign permit required)	<input type="checkbox"/> Vending Machines –on site	<input type="checkbox"/> Electrical, plumbing, structural or mechanical changes to the site
<input type="checkbox"/> Changing an existing sign(sign permit required)	<input type="checkbox"/> On site secondary business	<input type="checkbox"/> Discharge that goes anywhere other than sanitary sewer
<input type="checkbox"/> Use of city right of way (i.e. sidewalk)	<input type="checkbox"/> On site events (i.e. Community party, parking lot/sidewalk sales)	<input type="checkbox"/> Door to door sales (separate permit required)
<input type="checkbox"/> Live entertainment on site	<input type="checkbox"/> Hazardous materials use and/or storage	<input type="checkbox"/> Sexually oriented paraphernalia
<input type="checkbox"/> Fireworks sales on site	<input type="checkbox"/> Changes to existing garbage service	<input type="checkbox"/> Tobacco Sales
<input type="checkbox"/> Car Wash	<input type="checkbox"/> Laundry Mat	<input type="checkbox"/> Gas Pumps (How many?)
<input type="checkbox"/> Compressed Gas	<input type="checkbox"/> Flammable liquids	<input type="checkbox"/> Warehousing
<input type="checkbox"/> Vehicle Repair	<input type="checkbox"/> Storage of Vehicles	<input type="checkbox"/> Adult films, books, etc.

Section IV Fee Schedule License fees are determined by the type of business you have

Please see “Consolidated Fee Schedule” on the Heber City website, www.ci.heber.ut.us to determine the amount your license will cost per year.

Section V: Notifications and Verification of Authority

- 1) **Mandatory review process:** This application does not constitute a business license. All applications are subject to the review process mandated by Title 5 of the Municipal City Code. Incomplete applications will not be processed. Decisions on applications will take 15 business days (minimum), and are based on:
 - a) The information provided on the application materials, and
 - b) Reviews inspections performed, as required
- 2) **Additional requirement:** Under the Heber City Municipal Code, additional Business License application requirement are necessary for some business types.
- 3) **Denial of License:** Applications denied, suspended or revoked are most often the result of
 - a) An inaccurate or incomplete application, or failure to update information with the business license department, and/ or
 - b) Non-compliance with the Heber City Municipal Code, and/or applicable building, fire and environmental codes.
- 4) **Other regulatory bodies:** It is the applicant’s responsibility to determine and comply with any requirements from other regulatory agencies.
- 5) **Signage:** Permanent signs require a separate Sign Permit Application which is administered by the Planning & Zoning Department (435) 654-4830.
- 6) **Building alterations:** All alterations to buildings or spaces, including electrical, plumbing, and mechanical alterations, require a separate building permit and compliance inspection as established by the Heber City Municipal Code. Building Permits are issued by the Building Department (435) 654-6330.
- 7) **Officer Background checks:** All applicants whose business involves daycare, preschool, housekeeping, book keeping, transportation are required submit a background check less than 30 days old, issued by the Utah Bureau of Criminal Identification and/or a Heber City local

background check.

Under penalty of perjury, I affirm that I am an authorized agent of the business for which application is being made, and the information on this form and on all application materials are both complete and accurate to the best of my knowledge. I hereby acknowledge that my business address and business phone number are public information and may be posted on the Heber City website. I hereby acknowledge that illegal or fraudulent business practices are grounds for revocation of the business license. The receipt of payment for payment of license fees thereof does not constitute being approved to operate a business. The actual business license will be issued only when all inspections are complete and signed off by the various departments and approval is given by the Business License Officer. **To Open and/or operate a business without final approval and obtaining a business license is a Class B misdemeanor and is subject up to a \$1000.00 fine and/or a six month jail sentence.** It is the responsibility of the licensee to be familiar with the ordinance under which the license is applied for. All applications are to be renewed annually, with payment due on or before January 31, of the calendar year.

Signature _____

Printed Name _____

Date _____

Section VI: Office Use Only

Signature of department represents approval of this application for a business license

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	Police Department	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	Public Works	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	Engineering	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	Wasatch County Health	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	Building	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	Fire Marshall	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	Zoning	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:	Business Licensing	

Fire Inspection Requirements

The following items are required to be corrected/ installed prior to the fire safety inspection. Call the Business License Department to schedule this at (435) 654-4830.

1. Fire Extinguishers are required in all businesses. A minimum 5 lb fire extinguisher with a 2A:10BC rating or classification is required in most businesses. The fire extinguisher must be hung no higher than 5 (five) feet from the top of the extinguisher to the floor and a minimum of 4(four) inches off the floor. These are to be serviced and tagged annually by a licensed contractor, even if it is new. A fire extinguisher is required for every 75 feet of travel distance.
2. The use of extension cords for permanent power sources are prohibited. The use of the power strip with a circuit breaker protection is allowed as long as the appliances being powered are not overloading the electrical power strip.
3. All electrical outlets, light switches junction boxes and other related electrical wiring must have all cover plates on and be in good working condition.
4. Storage of combustible items is not allowed in furnace rooms, mechanical rooms, or electrical rooms.
5. All electrical circuit breakers are required to be labeled in a matter that will indicate where and what the breaker services.
6. All blank spaces within an electrical panel must be covered with a cover plate or a blank circuit breaker.
7. The facilities address must be placed on the building in such a position as to be plainly visible and legible from the street or road fronting the property.
8. An evacuation plan must be developed and available at time of inspection.
9. All exit signs (required if more than one exit). Must be working and have a battery backup system or be self -luminous (i.e. atomic or nuclear powered).
10. To schedule an inspection, please call (435) 654-4830. The inspection fee of \$60.00 must be paid prior to the inspection being scheduled. This fee is to be included with the application fee.



Home Occupation Evaluation Form

Congratulations on your decision to open a business in your home. The City of Heber has a Home Occupation Ordinance that is designed to accommodate your growing business while still providing protection to the residential character of your neighborhood. In order to evaluate whether or not you meet the zoning standards, please answer yes or no to the following statements and submit with your business license application:

- | | | | | | |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I live in the residence where I would like to operate the business. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | My business will not involve the use of any accessory building including: a carport, garage, or yard space for activities outside of the dwelling. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I can manage my customer flow by maintaining appointments. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | My business will not have any exterior displays or display any goods visible from the outside. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My business will only have employees who are residents of my home or all of my employees work offsite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | My business will occupy less than 25 percent of the total floor area of my home and no more than 300 square feet of floor area. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My business does not require customer traffic to come to my residence in order for my business to function. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | My business is secondary to the primary use of the dwelling. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I will have no more than three customers at my home for business purposes at any given time. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | The entrance to my Home Occupation Business is the same entrance normally used by my family. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | My business does not produce any offensive noise, vibrations, fumes, smoke, dust, or other particulate matter, odorous matter, heat, humidity, glare, electrical interference or other objectionable objects. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | I own the residence. |

I hereby certify that the information provided for the Home Occupation Evaluation Form is complete and accurate.

Authorized Business Owner

Date

Wasatch County Sheriff's Office
Sheriff Todd Bonner
1361 South Highway 40
Heber City, UT 84032
(435) 654-1411
(435) 657-3585 (Fax)

October 19, 2005

To Whom It May Concern:

On behalf of your local law Enforcement Agencies, this letter is being sent to business owners in our community. We are attempting to obtain information about who you would prefer us to contact in the event that there is an after hours emergency, such as alarms, fires, burglaries or any other emergency that requires notification. It is very important that once this information is on file, that it remains current to ensure that appropriate person(s) can be contacted to respond. We would prefer to have 2 to 3 individuals on file to contact with full name, home phone and possible optional phone number.

Business Name _____

Business Location: _____

Contact Name: _____

Home#: _____ Opt#: _____

Contact Name: _____

Home#: _____ Opt#: _____

Contact Name: _____

Home#: _____ Opt#: _____

Please mail this information back at your earliest convenience to:

Wasatch County Sheriff's Office

Attn: Mary

1361 South Highway 40

Heber City, UT 84032

Or email: msnyder@wasatchso.state.ut.us

This information will be kept confidential and used for law enforcement purposes only. We would appreciate your response and look forward to better serving our community. If you have any questions, please feel free to call (435) 654-1411.

Thank you in advance.

Return to the Building Department

Building /Space Evaluation Form

The purpose of this form is to provide sufficient information so that the Building Department can adequately evaluate the proposed business and the building or space in which it is proposed.

Please provide the following information:

1. Name _____ Phone# _____
2. Name of Business _____
3. Address of the proposed business _____
4. If known describe what business was last in this building or space _____

5. Describe your business. What is the main thrust or activity of your business? _____

6. What is the estimated percentage of revenue that will be generated by this main activity?
_____ %
7. If the percentage is less than 100%, what other activities will you be doing and what percentage of revenue do you estimate for these activities? (List only the top four)

In preparing the building/space for your business is any of the actions below planned?

Check all that apply:

- Removal of any walls, doors, windows, etc...
- Removal of plumbing located within walls, floors, or ceilings.
- Removal of electrical wiring within walls, floors, or ceilings.
- Addition of new electrical wiring within walls, floors, or ceilings.
- Addition of new plumbing located within walls, floors, or ceilings.
- Addition of new floor space not currently existing.
- Replacing or doors, windows, etc...
- Addition of new heating/cooling equipment.
- Addition or replacement of water heating equipment.
- Addition or replacement of awnings or other roofing.
- Addition of any surface mounted permanent electrical or plumbing.
- None of the above.

HEBER CITY BUSINESS LICENSE OPERATIONAL CHECKLIST

Does your business involve any of the items below?

Check all that apply:

- Manufacture or store of aerosol products in excess of 500 pounds.
- A special amusement building.
- Aircraft servicing or repair and aircraft fuel-servicing vehicles.
- Conducting a carnival or fair.
- Storage, handling, or use of cellulose nitrate film.
- Operations producing combustible dust such as: grain, flour, feed, coal, cocoa, magnesium, pulverized aluminum, spices, sugar, or other products.
- Operations producing combustible fibers in excess of 100 cubic feet.
- Storage, handling, or use of compressed gases.
- Covered mall buildings.
- Production, storage, handling, dispense, transport on site, or use of cryogenic fluids.
- Metal cutting or welding.
- Engage in dry cleaning operations.
- Operate exhibits and trade shows.
- Manufacture, storage, handling, sale or use of explosives.
- Operation of fire hydrants
- Storage, handling, or use of flammable and combustible liquids in excess of 5 gal.
- Floor finishing or surfacing.
- Fruit and crop ripening.
- Fumigation and thermal insecticidal fogging
- Production, storage, handling, dispense, transport on site, or use of hazardous materials
- High-piled storage area in excess of 500 sqft.
- Storage, handling, or use hazardous production materials (HPM.)
- Hot work operations (roof covering applications, welding, etc.)
- Industrial ovens.
- Lumber yards and woodworking plants with processing or storage in excess of 100,000 board feet.
- Display, operate or demonstrate liquid or gas-fueled vehicles and equipment in assembly buildings.
- Storage or use of LP gas
- Melt, cast, heat treat or grind magnesium in quantities greater than 10 pounds.
- Store combustible materials in excess of 2,500 cubic feet.
- Open flames, torches, or candles.
- Organic coating operations
- Place of assembly
- Pyrotechnic special effects materials
- Storage, handling, or use of pyroxylin plastics.
- Mechanical refrigeration units.
- Repair garage or automotive, marine and fleet motor fuel dispensing.
- Rooftop heliport.
- Spraying or dipping utilizing flammable or combustible liquids or powders.
- Tents, membrane structures or canopies.
- Tire rebuilding
- Waste handling such as wrecking or junk yards.
- Storage of chips, hogged material, lumber or plywood in excess of 200 cubic feet.
- Automatic fire-extinguishing system.
- Liquid battery storage in excess of 50 gal.
- Fire alarm and detection system.

Sign below acknowledging that you have reviewed and checked the applicable boxes if any.

Signature: _____ Date: _____

DBA: _____ Business address: _____

WASATCH COUNTY FIRE DISTRICT

Business License Checklist

Below are common Fire Code violations at Inspection. Please review the provided material and correct any violations PRIOR to scheduling your Business License inspection.

PLEASE CALL 435-940-9636 ONCE CHECKLIST IS COMPLETE

() **EXTENSION CORDS**- Extension cords are not allowed for any appliance that is in use for longer than 90 days. "Surge Protectors" "Multi Plug Adapters" are allowed but shall be *listed in accordance with UL 1363*.

() **FIRE EXTINGUISHER**- Fire extinguisher must be provided in all commercial businesses.

- Minimum size of 2A
- Fire extinguishers must be no further than 75 feet apart on the same level and serve an area of no more than 6000 square feet for low hazard occupancies and 3000 square feet for moderate hazard
- Fire extinguishers must re certified annually OR purchased new and provide the receipt for purchase date verification
- Fire Extinguisher must be mounted AND visible

() **EXITS**- All exits must be clear and unobstructed to a minimum of 32 inches with no projections off of wall more than

() **EXIT DOORS**- NO locks are allowed on exit doors that require keys or special knowledge to operate.

() **STORAGE**- Storage must me maintained in an orderly manner

- ALL combustible storage must be 24 inches below ceiling in non sprinklered buildings and 18 inches in sprinklered buildings
- Combustible storage is NOT allowed under stairs unless stairway is protected
- NO combustible storage allowed in any room with a fuel fired appliance such as furnace, water heater, boiler etc.....

() **ADDRESS-** Address must be plainly visible from the road and a minimum of 4 inches in height and contrasting to the background (light on dark or dark on light) Must specify suite number if multiple businesses.

() **FIRE DISTRICT KEY BOX-** If business is protected by Fire Sprinklers or is equipped with Fire Alarms that are monitored by a third party company then a KNOX BOX is required. Paperwork will be provided by Wasatch County Fire District.

() **FIRE SPRINKLERS AND ALARMS-**

- ALL fire sprinkler and alarms systems must be tested and certified annually by a certified technician AND TAGGED. Certified technicians can be found at <http://publicsafety.utah.gov/firemarshal/>
- Sprinklers shall not be obstructed, painted or rendered in effective