

**VERNAL CITY BUSINESS LICENSE APPLICATION**  
**374 East Main Street, Vernal, Utah 84078.. 435-789-2255**

**BUSINESS INFORMATION**

**Corporation**       **Partnership**       **Proprietorship**       **LLC**

Business Name \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

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

Owner of Property/Building (if rented) \_\_\_\_\_

Property Owner's Telephone Number \_\_\_\_\_

Business Activity Description \_\_\_\_\_

Utah State Sales Tax No. (Attach Copy) \_\_\_\_\_

Utah State Contractors License No. (Attach Copy) \_\_\_\_\_

Number of Full-Time Employees (35 hours or more) \_\_\_\_\_  
 (Two part-time employees equal one full-time employee)

Number of Rental Units \_\_\_\_\_

Number of Mobile Home Spaces \_\_\_\_\_

Number of Chairs or Seating Spaces  
 (Beauty shop, restaurant, theater) \_\_\_\_\_

Number Pinball/Electrical Machines, Pool Tables, Etc. \_\_\_\_\_

**BUSINESS HISTORY**

Have you operated any business activity that required a business license? If so, list all:

<u>Business Name</u>	<u>Address</u>	<u>Date of Operation</u>
_____	_____	_____

If you have had a business license suspended or revoked, give details: \_\_\_\_\_

**APPLICANT INFORMATION**

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

Home Address \_\_\_\_\_

Email Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Manager's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**SIGNATURES**

This form is an application for business license; the actual license will be issued only when all inspections have been approved. All information must be accurately completed or the issuance of a license will be delayed. It is a class "B" Misdemeanor to own or operate a business in Vernal City without a current business license. I/We hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and swear under penalty of law that the information contained herein is true.

\_\_\_\_\_  
 Applicant Title Date

**NOTE: COMPLETION OF APPLICATION AND PAYMENT OF LICENSE FEE DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE. APPLICATION MUST BE APPROVED BEFORE LICENSE IS ISSUED AND BEFORE BUSINESS CAN BE CONDUCTED.**

OFFICE USE ONLY			
LAND USE ZONE		DATE RECEIVED	
PARCEL NUMBER		FEE REQUIRED	
LICENSE CATEGORY		ADDRESS CHANGE	\$15.00

ADMINISTRATIVE APPROVAL \_\_\_\_\_ 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).

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### 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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# COMMERCIAL / INDUSTRIAL WASTEWATER & PRETREATMENT QUESTIONNAIRE

ASHLEY VALLEY WATER RECLAMATION FACILITY P.O. BOX 426 VERNAL, UT. 84078 (435)-789-9805 OR FAX (435)-789-9806

Business Name:	Phone:
Business Address:	Mailing Address:
<b>Signing Official</b>	<b>Contact Official</b>
Print Name:	Print Name:
Print Title:	Print Title:
Phone:	Phone:
Standard Industrial Classification Code (SIC#):	Does your business location have sewer connections other than sinks and toilets? (Such as floor drains?) (If yes, is there a oil/grease separator or sediment trap?)
Briefly describe business product, manufacturing, or service:	List principle raw materials used in manufacturing:
List types of Chemicals used (include all cleaning solvents, acids, soaps, etc.):	Will any of these chemicals be entering the sewer system?(List & Include MSDS)
Estimation of how much water will be used monthly?(Gallons)	
Domestic Use:	Process or Shop Use:

I am familiar with the information contained in this questionnaire and swear that the information is true, complete, and accurate. If any of the answers to the questions contained in this questionnaire change, the business will immediately notify the Ashley Valley Water Reclamation Facility of the proposed change(s). Notification does not constitute the approval of the proposed change(s) to the wastewater discharge.

Signature of Signing Official

Date

**Please return this form with your Business License Application or Renewal.**

(ANY QUESTIONS, CONTACT THE ASHLEY VALLEY WATER RECLAMATION FACILITY 435-789-9805.)