

# Mayfield Town

52 North Main Street, Mayfield, Utah 84643

Email: [mayfieldtownutah@gmail.com](mailto:mayfieldtownutah@gmail.com) - Telephone: (435) 528-5061 Fax: (435) 528-5060

Website: [www.mayfieldtown.org](http://www.mayfieldtown.org)

## **BUSINESS LICENSE APPLICATION CHECKLIST & PROCEDURES**

**\*\* Business license applications must be submitted to the town offices for review, at least 2 weeks before the application can be approved by the Town Council and must be signed off by the zoning administrator prior to town council approval.**

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 East 300 South, SLC (801) -530-4849. [www.business.utah.gov/registrationv](http://www.business.utah.gov/registrationv) to register name/tax numbers online.
3. State Sales Tax number and Employee ID number (if applicable) State Tax Commission: 210 North 1950 West or 160 East 300 South, SLC (801) 530-297-2200
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 application fee: \$25.00
  - b. Business license fee – Fees vary by business type – Home - \$0.00 – Commercial \$50.00 – Temporary \$20.00 per-day.
  - c. Alcohol license: Class A \$25.00 – Class B \$50.00 – Class C \$75.00
7. Copy of a current background check (if applicable)
8. Dwelling must meet current Mayfield Development Code (section 18) and be up to plumbing, fire, electrical, health, and parking code.

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

#### **Fire Department**

Childcare businesses are subject to the 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, food services, doctors, dentist, hotels, etc. Septic system inspection and maintenance may be a consideration. An independent plumbing inspection may be required to validate the facility meets septic requirements. Food handler permit(s) may also be required. You may contact the Central Utah Public Health Department for further inquiry regarding the health safety requirements of your particular business at (435) 835-2231.

#### **Rocky Mountain Power**

Wiring of a facility must be adequate for business and residential needs and meet the code requirements of the Rocky Mountain Power for your particular business. An individual electrician might need to sign off on a facility if there are zoning administrators concerns. In addition, an independent review by Rocky Mountain Power may be required.

## **BUSINESS LICENSE APPLICATION CHECKLIST AND PROCEDURES**

### **HELPFUL RESOURCES**

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 East 300 South, Salt Lake City, Utah (801) 530-4849. This can be done in person or online at [www.business.utah.gov](http://www.business.utah.gov) (one top 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:

1. Internal Revenue Service: 50 South 200 East, Salt Lake City, (800) – 829-3676
2. Department of Workforce Services: 160 East 300 South, Salt Lake City, (800) -530-5090 or local call (801) 530-6800
3. Workers Compensation Fund of Utah: contact Workforce Services at (801)526-9675.
4. Utah State Tax Commission: 210 North 1950 West, Salt Lake City, (801) 297-2200 [www.tax.utah.gov](http://www.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 town when the business license application is submitted. The Department of Occupational and Professional License is located at 160 East 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 West 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.

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## **BUSINESS LICENSE APPLICATION**

### APPLICANT INFORMATION

Email: \_\_\_\_\_ Business Web address \_\_\_\_\_

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

Business Owners SSN \_\_\_\_\_ State of Residence \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

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

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

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

Does your business involve the sale of a tangible product? \_\_\_\_ Do you have employees? \_\_\_\_ How many ? \_\_\_\_

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

State Sales Tax #: Type: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Driver's License#: \_\_\_\_\_

### **PROPERTY OWNER INFORMATION**

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

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

Phone #(Home): \_\_\_\_\_ Letter of permission included Y/N

Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_ Cell #: \_\_\_\_\_

### **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 revise are complete and compliance with zoning, building, fire, health or other town 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 Mayfield Town 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.

\_\_\_\_\_ COMMERCIAL BUSINESS \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_ HOME OCCUPATIONS \_\_\_\_\_

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

\_\_\_\_\_

Outline business activities to be conducted in the home: \_\_\_\_\_

\_\_\_\_\_

Provide the number of business vehicles you will have, (Do not include personal vehicles). \_\_\_\_\_

Provide the number of business trailers you will have. (Do not include personal trailers). \_\_\_\_\_

**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.

**BUSINESS INFORMATION**

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

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

**RESPONSIBLE PERSONS**

Name: \_\_\_\_\_

Position: \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email address \_\_\_\_\_

**RESPONSIBLE PERSONS**

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

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