



Community and Economic Development

Davis County Administration Building- P.O. Box 618 - Farmington Utah 84025
Telephone: (801) 451-3278 - Fax: (801) 451-3281

APPLICATION FOR BUSINESS LICENSE

Submit **Completed & Signed** Application by email via amcdonald@co.davis.ut.us or by mail
New applications MUST BE signed and notarized before being accepted.

Submit by Mail to:
Davis County Administration Building Rm. 304
61 S. Main St. Farmington, UT 84025
ATTN: Andrew McDonald

Please make checks payable to:
Davis County Planning Department

* **Application Date:** _____

Business Information:

- * Applicant name: _____
- * Owner(s) of record: _____
- * Business name: _____
- * Business Physical address: _____
- * Business mailing address: _____
- (This will be the address your business license will be sent to along with any other contact)**
- * Business Phone: _____
- * Business email address: _____
- * Federal IEN #: (Do not Write your Social, **enter N/A if not applicable**) _____
- * State Sales tax #: (Do not write your Social, **enter N/A if not applicable**) _____

(It is state law to include your sales tax number if you are selling product)

*Type of business:

(Note: If, for a home occupation, you have people/customers/clients coming and going from the residence, a license fee of \$50 may be required and question %needs to be answered)

- Home Occupation
- Sexual oriented business (\$200)
- Solicitors (\$100)
- Refinery/gasoline dealer (\$100)
- Construction Company (\$75)
- All Other Businesses (\$60)

* **Describe in detail** the nature of the business operations (i.e. construct/install cabinets, produce/sell greenhouse products, produces/sells concrete, home office invoicing/bills/logistics, taxes/accounting, insurance, etc. and how you do not create an impact that exceeds that of a normal residential neighborhood if you are a home occupation)

For Office Use Only	Revised 10/30/2020
Receipt # _____	
File # _____	
Parcel ID # _____	
Zoning: _____	
License Fee: _____	
Received by: _____ Date: _____	
Health Dept. Approval Req. Yes OR No	
Health Dept. Approval: _____	



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Answer the following questions relative to your business

- *1.) **For Home Occupation**, list the estimated number of vehicles coming and going per day _____
- *2.) Do you sell beer and/or tobacco/tobacco related products? __No __Yes
- *3.) Do you have a mandatory beer license and/or tobacco retail permit? __No __Yes
(Effective July 1, 2018, a valid Tobacco Retail Permit will be required from the local health department for all retail tobacco businesses as part of the updated licensing process)
- *4.) Do you have a health department permit to handle food and/or drink? __No __Yes
- *5.) List number of employed employees: Full-Time_____ Part-Time_____
- *6.) List number of business vehicles_____
- *7.) The business personal property trade fixtures value is \$10,000 or less __No __Yes

Applicant agreement

I hereby apply for a license to conduct the aforesaid business in the unincorporated area of Davis County, Utah for the year **20__**, under the provisions of the ordinances of Davis County relating to licenses. I hereby agree to conduct said business strictly under the conditions and regulations prescribed for granting of said license. I agree that if the license is issued, it shall be subject to revocation as provided by law. I am aware that this application does not authorize me to conduct business until approved by the Davis County Community and Economic Development Department Director and a license has been issued. Once issued, no business license shall be transferred from one person to another, nor from one location to another.

Applicant Signature

Date

Do NOT Sign below unless standing before a public notary. Signing below is not required unless this is an application for a NEW BUSINESS LICENSE

Applicant Signature

Print Name

Subscribed and sworn before me this _____ day of _____, 20__.

Notary Public