



Application Packet  
Doing Business in Washington City



**Washington City Recorder's Office**

111 North 100 East  
Washington City, UT 84780  
Phone (435) 656-6356  
Fax (435) 656-6370  
[www.washingtoncity.org](http://www.washingtoncity.org)

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Business Owner,

Thank you for choosing to locate your business in Washington City. The following is a checklist of requirements needed for a business license. Please keep in mind this is for your convenience only. Additional items may be required depending on the type of business:

1. Fill out all forms completely and clearly. Business License Application, Home Occupation Checklist or Business review, and a completed site plan.
2. Make sure you have all appropriate registration numbers from State and Federal agencies on your applications. You can obtain these numbers online at [www.utah.gov](http://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](http://www.commerce.utah.gov) begin on the OneStop Business Registration Link. This number is required for all businesses.
  - b. Utah State Tax Commission to obtain your Sales Tax number at or (435)251-9520 or [www.tax.utah.gov](http://www.tax.utah.gov) A sales tax number may not be required if your business does not sell products.
  - c. Federal ID Number (EIN). (800)829-4933 or [www.irs.gov](http://www.irs.gov) If you are a sole proprietor you may not need this number. Please call to confirm if your business will require this number.
  - d. Occupational License (866)275-3675 or [www.dopl.utah.gov](http://www.dopl.utah.gov) This is for occupations regulated by the State of Utah: Contractors, Doctors, Nurses, etc.
  - e. Please be aware, additional permits or licensing may be required for your individual business.
3. All fees for the Business License will be collected once your application has been approved.

**IMPORTANT:** Permits are required for signs. Applications for sign permits may be obtained through the Community Development Department at (435)656-6366.

Return your COMPLETED application with all required documents and licenses to the Business License Official at the Washington City Offices. *(Failure to fill out all fields and provide all necessary documents will result in your application being returned to you unprocessed.)*

If you have questions or concerns please contact the office (435)656-6356.

License Number: \_\_\_\_\_



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**APPLICATION FOR BUSINESS LICENSE**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business is:  Sole Proprietorship  Partnership  Corporation  Limited Liability Corporation

Type of Business to be conducted: \_\_\_\_\_

Entity # \_\_\_\_\_ Sales Tax # \_\_\_\_\_ Federal ID # \_\_\_\_\_

State # \_\_\_\_\_ Please attach a copy of State License if applicable.

Number of Employees: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

I understand that falsifying any information on this application constitutes sufficient cause for rejection of my application or revocation of my license. I also understand that the City Business License Officials may require additional information as permitted by the City Business License Ordinance, and I agree to supply the same upon request as part of this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

LICENCE FEES:	
FOR OFFICE USE ONLY	
Regular Business License	\$50.00
Home Occupations	\$50.00
Video Games and Amusement Devices	\$100.00
Banks, Savings & Loans, Pawn Brokers	\$100.00
Full-Time Employees (over one employee)	\$10.00
Part-Time Employees	\$5.00
➤ A minimum of ½ year license fee required to new businesses applying after July 1 of the current business year ➤ License fee is due and payable by January 31 of the current business year. Delinquent penalty of 10% of the license fee will be assessed as of February 1. ➤ _____ + _____ + _____ = _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>License Fee</span> <span>Number of Employees</span> <span>Penalty (if applicable)</span> <span>Total Fees Due</span> </div>	



Community Development Department  
111 North 100 East  
Washington City, UT 84780  
Phone (435) 656-6325  
Fax (435) 656-6371  
www.washingtoncity.org

**BUSINESS REVIEW**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Description of business (What will take place in the office or home? What equipment will be used? What materials will be sold?):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CIRCLE TO INDICATE WHETHER ANY OF THE FOLLOWING WILL BE INVOLVED WITH YOUR BUSINESS:**

- |                                  |            |           |  |            |           |
|----------------------------------|------------|-----------|--|------------|-----------|
| • Warehouse/Wholesaling          | <b>YES</b> | <b>NO</b> | • Vehicle repair or maintenance              | <b>YES</b> | <b>NO</b> |
| • Flammable Liquids              | <b>YES</b> | <b>NO</b> | • Public assembly or education facility      | <b>YES</b> | <b>NO</b> |
| • Dust Producing Operation       | <b>YES</b> | <b>NO</b> | • Proposed storage of vehicles               | <b>YES</b> | <b>NO</b> |
| • Compressed Gas                 | <b>YES</b> | <b>NO</b> | • Proposed building alterations or additions | <b>YES</b> | <b>NO</b> |
| • High Piled Combustible Storage | <b>YES</b> | <b>NO</b> | • <b>Other:</b> _____                        | <b>YES</b> | <b>NO</b> |

**Will any of the following products or services be sold or provided:**

- |  |            |           |
|--|------------|-----------|
| • Adult Films, tapes, books, or magazines?   | <b>YES</b> | <b>NO</b> |
| • Drug paraphernalia, non-controlled drugs?  | <b>YES</b> | <b>NO</b> |
| • Massages, tattoos, adult motel, fortune telling, dancing, live entertainment, taxi, limousines, firearms or refuse collection? | <b>YES</b> | <b>NO</b> |

**If Yes, please explain:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT: Include a Site Plan showing parking, existing buildings, access and floor layout showing the location of the business, a State License, Health Department Approval, and/or Department of Agriculture (if applicable).**

**Filing Fee: \$50.00**

**Business premises must comply with all applicable fire, building, plumbing, health, and electrical code specifications as well as zoning regulations. Any premises where food or drink is handled may need clearance from the County Health Department and/or Department of Agriculture.**

**Zone:** \_\_\_\_\_ **Verified By:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature or Consent of Owner:** \_\_\_\_\_

**Date:** \_\_\_\_\_

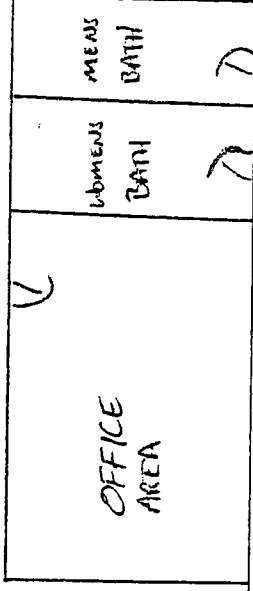
**Signature of Zoning Administrator:** \_\_\_\_\_

**Date:** \_\_\_\_\_

ALLEY WAY

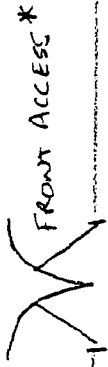
BACK ACCESS \*

STORAGE AREA



CHECK OUT

SHOWROOM AREA



SARAS  
THRIFT  
STORE

# SAMPLE BUSINESS SITE PLAN

\* THESE ARE ITEMS THAT ARE SPECIFICALLY REQUIRED ON APPLICATION.

Bob's Burger  
Barn

123 N. BUSINESS LOOP PKWY  
SUN BURN PLAZA

PARKING \*  
LOT

