



COMMERCIAL\HOME BASED BUSINESS LICENSE REQUIREMENTS

Before submitting a business license application to Provo City, please review the **business requirements checklist** for State requirements needed. We cannot accept applications until all State and local requirements have been met. Please include verification of all State requirements when submitting your application to Provo City. If you will be operating your business from more than one location you will need a separate application and license for each location. For those living in BYU housing, you will need an approval letter from the property manager or landlord to have a business in the home. If your business will be located in a commercial zone, it is advisable that you contact the Community Development Department at 801-852-6400 for specific zoning requirements and restrictions prior to signing a lease agreement or submitting a license application.

REQUIREMENTS FOR COMMERCIAL AND HOME BUSINESS LICENSES

- » This permit is good from January 1st to December 31st
- » Proof of the registered name of your business with the Department of Commerce, or a copy of the Articles of Incorporation. You may contact them at 801-530-4849
- » Copy of permanent sales tax number certificate, temporary will not be accepted. (if applicable to your business) See contact information page
- » Copy of your State license (if applicable to your business) See contact information page
- » Provo City application form (mandatory)
 1. Emergency Contact form from PCPD (Provo City Police Department) (included in business forms)
 2. Water Treatment questionnaire (if applicable to your business)
 3. Food Establishment questionnaire (if applicable to your business), if you have questions on items two or three, you may contact Nate Parr, Industrial Pretreatment Coordinator at 801-852-6793
- » Copy of Health Department certificate (if applicable to your business)
- » Copy of Department of Agriculture and Food certificate (if applicable to your business)
- » Copy of picture ID (Drivers license, State I.D. card, U.S. passport or Military I.D.)
- » Projected opening date of business
- » Federal Identification Number
- » Copy of professional/occupational license (if applicable to your business)
- » BYU housing approval letter (BYU housing only)
- » Fees for the application are non-refundable, These fees are PRO-RATED for Commercial accounts, see the consolidated fee schedule below or go to [Provo.org/government/council/code book/consolidated fee schedule/business licensing](http://Provo.org/government/council/code%20book/consolidated%20fee%20schedule/business%20licensing). **Not applicable for home based businesses**

CONSOLIDATED FEE SCHEDULE

Number of Employees	Fee	Number of Employees	Fee
1-5	\$125	6-10	\$175
11-25	\$300	26-50	\$425
51-75	\$550	76-100	\$675
101+	\$800		

HOME BASED \$37 NON-PROFIT ORGANIZATIONS \$218

Certain businesses may also be required to provide surety bonds or undergo background investigation.

Businesses which require a separate application or have additional requirements are:

- » Solicitor
- » Taxicab
- » Towing/Parking Enforcement
- » Pawnbroker/Second Hand Dealers
- » Employment Agencies
- » Locksmiths
- » Gun Dealers
- » Solid Waste Handlers

If the business is an establishment where food is prepared on-site, a bakery, caterer, cottage kitchen, tattoo parlor, or tanning salon, inspections are required by:

Utah County Health Department (See contact information page)
Department of Agriculture (See contact information page)

The Zoning division also requires a major or minor Home Occupation Permit (HOP) for businesses operating from a residence.

Once the application has been submitted, it will be reviewed and approved by:

Community Development 801-852-6400
Provo Fire Marshall (Ryan Lynn) 801-852-6339
Provo Police Department (Officer Crosby) 801-852-7276
Provo Water Department (Nate Parr) 801-852-7794

The processing time for a business license is approximately 14 working days. This time may vary in circumstances where a conditional use permit, health or agriculture department approval, fire inspection, etc., is needed. Provo City does not issue temporary business licenses. Please be aware that you must have your business license issued prior to opening or operating.

Business License Contact Information

- **Utah Department of Commerce**
Business Name Registration (DBA, CORP, LLC, Partnership, etc.)
160 East 300 South, SLC 801-530-4849 or 1-877-526-3994
www.business.utah.gov/registration (to register name)
- **Utah State Tax Commission**
Sales Tax (tax number must be for Provo City location)
150 East Center #1300, Provo 801-374-7070
www.tax.utah.gov
- **Utah Division of Occupational & Professional License**
(Contractor, Cosmetology, Real Estate, etc.)
160 East 300 South, SLC 801-530-6628
www.secure.utah.gov
- **Utah State License**
(Car dealer, Body Shop, Dismantler, etc.)
210 North 1950 West, SLC 801-297-2600
- **Utah Department of Child Care Licensing**
150 E Center, Provo 801-374-7688 or 1-800-894-2588
www.health.utah.gov/licensing
- **Department of Alcoholic Beverage Control**
1625 South 900 West, SLC 801-977-6800
www.alcbev.state.ut.us
- **Department of Agriculture and Food**
350 North Redwood Rd, SLC 801-538-7118
www.ag.utah.gov
- **Department of Human Services, Office of Licensing**
(Residential Care Facilities; Residential Treatment Facilities, etc.)
195 North 1950 West, SLC 801-538-4171
www.dhs.utah.gov
- **Utah County Health Department**
151 South University Ave, Provo 801-851-7000
www.utahcountyonline.org
- **Utah County Assessor**
100 East Center, Provo 801-851-5295
www.co.utah.ut.us
- **Provo City Community Development**
330 West 100 South, Provo 801-852-6400
www.provo.org/departments/community-development



BUSINESS LICENSE APPLICATION

351 W CENTER, PROVO, UT 84601

Office Use Only

License # _____
 Date _____
 CSR Initials _____

BUSINESS INFORMATION

Business Name _____

Business Address _____ Apt/Suite No. _____

City _____ State _____ Zip Code _____

Business Telephone _____ Email _____

Contact Telephone number _____

Mailing Address: (if different) _____

Ownership Type: Corporation Partnership Proprietorship LLC

Type of Business: Commercial Home Occupation-Walk-in traffic? Yes No

Number of Employees at location _____ (If you are the owner, DO NOT count yourself.)

Opening Date _____ Business Hours From _____ To _____ M T W TH F S SU

Kind of Business (if applicable): Nonprofit Taxi Restaurant

Mobile Food Truck Towing Other

Nature of Business: Manufacturing Retail Day Care/Preschool-# of children _____

Wholesale Services Other _____

Detailed Description of Business:

State License No. _____ License Type _____

Does your business sell products? Yes No Permanent Sales Tax Number _____
(No temporary sales tax number accepted)

Does your business have a process discharge to the sewer system? (process discharge is any discharge other than restroom waste) Yes No

Will your business store, produce, utilize hazardous materials? (such as oils, fuels, solvents, chemicals, compressed gases, bio-hazardous materials, etc.) Yes No

Does your building have built-in fire protection systems? (such as automatic sprinkler system, hood system, alarm system, standpipes, etc.) Yes No

Emergency Contact (1) _____ Telephone _____

Emergency Contact (2) _____ Telephone _____

Emergency Contact (3) _____ Telephone _____

Property Owner Name: (owner of property where business is located) _____

Property Owner Address _____

City _____ State _____ Zip Code _____

Alarm Company _____ Telephone _____

IF APPLICANT IS A SOLE-PROPRIETOR, PLEASE COMPLETE THIS SECTION

Owner Name _____

Owner Address _____ Apt/Suite No. _____

City _____ State _____ Zip Code _____

Telephone _____ Birthdate _____ SSN _____

IF APPLICANT IS A CORPORATION/PARTNERSHIP/LIMITED LIABILITY, PLEASE COMPLETE THIS SECTION

Business Name _____

Corporate Officers/partners/members: (1) _____ (2) _____

as shown in the articles of Incorporation (3) _____ (4) _____

Corporate Address _____ Apt/Suite No. _____

City _____ State _____ Zip Code _____

Telephone _____ Business Entity No. _____ FEIN No. _____

This form is an application for a business license.

All fees are non-refundable.

Business licenses expire December 31st and renewal is the responsibility of the business owner. Failure to receive a renewal notice does not excuse this responsibility.

I/We are aware that this application does not constitute approval to operate a business.

I/We have read the following and agree to conduct business strictly in accordance with all ordinances, codes and regulations set forth by Provo City Corporation, Utah County, the State of Utah, and Federal standards, whichever applies. I/We also agree that no other type of business will be conducted other than what has been stated above.

I/We attest that all information on this application is true and correct.

Applicant's Signature _____

Please print your name _____

Date _____

It takes a minimum of two weeks for the business license to be issued. The license is issued when all inspections are complete, compliance with Zoning, Building, Fire, Health or other Divisions have been met, the application was properly completed and the business does not require a conditional use permit.

OFFICE USE ONLY

No. of Employees _____

Application Fee \$ _____

Inspection Fee \$ _____

Bond \$ _____

Other Fees \$ _____

Type _____

Total \$ _____

Police/Fire/Medical Emergency After Hours Contact Info For Your Business Or Home

Please fill out any that apply

Business or Property Name:

Full Address:

Daytime Office Number:

Owner's Name(s) & Phone Numbers:

Maintenance After Hours #:

Security/Alarm Co. Name & #:

Responsible Party or Manager Able To Respond Quickly After Hours In Case Of Emergency:

Name(s):

Phone Number(s):

If there is any specific information you would like emergency responders to know about your property or business please feel free to use the back of this page to advise us. Examples would be dangerous materials kept on site, emergency lockbox info, etc...



AMANDA ESEK
PROVO POLICE
SENIOR DISPATCHER
TEL 801 852 6210
FAX 801 852 6278



INDUSTRIAL WASTEWATER PRETREATMENT QUESTIONNAIRE

Business Name _____ phone _____

Business Address _____

Mailing Address _____

SIGNING OFFICER'S INFORMATION (COMPANY OWNER OR OFFICER)

Type or Print Name _____

Type or Print Title _____

Phone _____ Standard Industrial Classification Code (SIC#): _____

Briefly describe manufacturing or service activities _____

List types of chemicals used (include all cleaning solvents, soaps, etc.) _____

Type of discharge: Batch Continuous If Batch, average in 24 hours _____

Are there scheduled shut downs? Yes No If Yes, when _____

Raw Water Sources: Private Wells _____ Gpd(gallons per day)

Provo Culinary _____ Gpd

Other (specify) _____ Gpd

RESPONSIBLE PARTY'S CONTACT INFORMATION (COMPANY OWNER OR OFFICER)

Type or Print Name _____

Type or Print Title _____

Phone _____

NOTE: Material Safety Data Sheets (MSDS) shall be filed with the City before business operations begin.

List principal raw materials used _____

List the principal products or services of the business _____

Is production seasonal? Yes No If Yes, explain _____

Describe water treatment processes in use or proposed _____

Water Consumption in facility in Gpd. Cooling _____ Boiler Feed _____ Process _____
Sanitary _____ In Product _____ Other _____

Average Volume in Gpd of Discharge of water loss to _____ City Sewer _____ Evaporation _____

Natural Outlet _____ Waste Haulers _____ In Product _____ Other _____

Is Discharge to Provo City Sewer System: Yes No

If Yes is discharge: Intermittent Steady

Is there a spill prevention counter-measure plan in effect for this facility? Yes No

If Yes, please attach a copy.

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 questions contained in this questionnaire change, the business will notify the City of Provo of the proposed change(s). Notification does not constitute approval of the proposed change(s).

Industrial Pretreatment

1685 S East Bay Blvd.

Phone: 801 852 6793

Signature of Authorized Representative _____ Date _____



INDUSTRIAL PRETREATMENT PROGRAM FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE

BUSINESS INFORMATION

Company Name _____
Address _____ Apt/Suite No. _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax _____
Contact Person _____

Please describe your food preparation and clean up activities (check all that apply):

1. Baking Grilling Frying Vegetable prep Other (please describe):

2. Approximately how many customers do you serve per average day? _____
(this information is kept confidential)

3. Kitchen fixtures used in your establishment: (please indicate amount of each item)

3-compartment sink Bar sink Hand sink Mop sink
 Dishwasher Garbage disposal Floor drains

4. How are the following food by-products disposed of? (check all that apply)

	Sewer	Trash	Recycle
A. Solid Wastes:	_____	_____	_____
B. Oil & Grease:	_____	_____	_____
C. Liquid Wastes:	_____	_____	_____

5. Do you have a grease interceptor or trap? YES NO

**A grease interceptor is a large underground device designed to remove fat, oil, and grease from your kitchen wastewater. A grease trap is a small, similar device that is located under the sink. These are both different from your grease recycling bin.

If "NO," please sign, date, and return the questionnaire.

If "YES," please complete the questionnaire, sign, date, and return it.

6. What size (gallons) is the interceptor? _____

7. Is the interceptor functioning properly? YES NO

If "NO," please explain:

8. How often is the interceptor serviced? _____

9. When was the interceptor last serviced? _____

10. What is the average volume of waste which is removed from the interceptor when it is serviced? _____

11. What is the name and address of the business that services the interceptor?

12. Are service receipts available? YES NO

13. Which of the following kitchen fixtures are connected to your grease interceptor?
(please indicate amount of those that apply)

- | | | | |
|---|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> 3-compartment sink | <input type="checkbox"/> Bar sink | <input type="checkbox"/> Hand sink | <input type="checkbox"/> Mop sink |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Floor drains | |

Additional comments:

The information in this questionnaire is familiar to me and, to the best of my knowledge and belief is true, complete, and accurate.

(Name and title of signing official)

(Date)