



CUSTOMER SERVICE

TOWING/PARKING ENFORCEMENT LICENSE REQUIREMENTS

- » Completed Business License Application.
» Copy of the name registration with the Department of Commerce.
» Completed "Emergency After Hours Contact" form.
» Copies of vehicle registration of each tow truck and / or parking enforcement vehicle.
» A current inspection certificate from the Utah Department of Transportation on each vehicle.
» After you have submitted the paperwork for your business license, we will need the Carrier certification for Driver, Truck and the Company, these 3 copies will need to be brought to our office to have your business license approved.
» Confirmation of Property Damage Liability insurance for the current year, the amount must reflect the minimum amount required by State law.
» Proof of an insurance surety bond (\$1000) payable to Provo City valid for the current year.
» Site plan showing the secured fenced area for the storage of towed vehicles.
» Color photos of each vehicle, showing the name of the company. Permanent, readable signs on each door of all tow truck(s) or parking enforcement vehicle(s) as per ordinance. The door signs must include business name, address, telephone number, and business license number.
» Evidence that all tow trucks and parking enforcement vehicles are operated by personnel carrying a valid Utah driver's license and each driver has a Health Certification card as required by Utah State law.
» A schedule of current fees for all services performed by the company.
» A list of names and date of birth for each driver.
» Criminal background check which can be done with the PCPD, Provo City Police Department, or you can go to BCI, Bureau of Criminal Identification located at 3888 W 5400 S, Taylorsville.
» Color photo of the yard and on-site office, all signage must match the name of your business..
» Copy of driver's license of person who is applying for the business license.
» Permanent Sales tax number (if applicable)
» If you have an impound yard, you will need to contact the Zoning department to get a Conditional Use Permit, you can reach them at 801 852-6400. This must accompany your application.

Fee Schedule

Table with 4 columns: Number of Employees, Fee, Number of employees, Fee. Rows include employee counts 1-5, 6-10, 11-25, 26-50 and 51-75, 76-100, 101+ with corresponding fees.

Fees
Number of employees as
per Fee Schedule plus
\$38 per year per vehicle



## 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](http://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](http://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](http://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](http://www.health.utah.gov/licensing)
- **Department of Alcoholic Beverage Control**  
1625 South 900 West, SLC 801-977-6800  
[www.alcbev.state.ut.us](http://www.alcbev.state.ut.us)
- **Department of Agriculture and Food**  
350 North Redwood Rd, SLC 801-538-7118  
[www.ag.utah.gov](http://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](http://www.dhs.utah.gov)
- **Utah County Health Department**  
151 South University Ave, Provo 801-851-7000  
[www.utahcountyonline.org](http://www.utahcountyonline.org)
- **Utah County Assessor**  
100 East Center, Provo 801-851-5295  
[www.co.utah.ut.us](http://www.co.utah.ut.us)
- **Provo City Community Development**  
330 West 100 South, Provo 801-852-6400  
[www.provo.org/departments/community-development](http://www.provo.org/departments/community-development)



**Emergency After Hours Contact Information**

**For Your Business or Home**

\*This information is required per Provo City Ordinance 6.18

**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 within 30 minutes in case of emergency:**

Name(s):

Phone Number(s):

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If there is any specific information you would like emergency responders to know about your property or business, please use the box below to supply that information. Examples would be dangerous materials kept on site, emergency lockbox info, etc.



CUSTOMER SERVICE

BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

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

Business Address \_\_\_\_\_ Apt/Suite No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Primary phone number (\_\_\_\_\_) \_\_\_\_\_ Secondary Telephone (\_\_\_\_\_) \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

Ownership Type:  Corporation  Partnership  Proprietorship  LLC (Limited Liability Company)

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:

[Empty box for detailed business description]

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?  Yes  No

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

Emergency Contact (1) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Emergency Contact (3) \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Property Owner Name: (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 (\_\_\_\_) \_\_\_\_\_ Birthday \_\_\_\_\_ SSN \_\_\_\_\_

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

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

Corporate Officers/partners/members as shown in the articles of incorporation:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(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 are valid from anniversary date to anniversary date. 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**

CSR INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

No. of Employees \_\_\_\_\_

Application Fee \$ \_\_\_\_\_

Inspection Fee \$ \_\_\_\_\_

Bond \$ \_\_\_\_\_

Other Fees \$ \_\_\_\_\_

Type \_\_\_\_\_

Total \_\_\_\_\_