



## CUSTOMER SERVICE

# TEMPORARY BUSINESS REQUIREMENTS

### ICE CREAM TRUCKS

- Must apply every year as if a new business. A completed application is required
- The permit is valid from April 1st through October 31st
- Proof of the registered name of your business with the Department of Commerce
- Proof of permanent Sales Tax number. Temporary will not be accepted
- Copy of valid Utah drivers license for every driver
- Proof of commercial insurance for the Ice Cream vehicle
- Color picture of the Ice Cream vehicle, along with vehicle registration
- Fee: \$318

### SHAVED ICE STAND

- A new, completed application is required every year
- Permit is valid from April 1st through October 31st
- A completed Industrial Water Pretreatment questionnaire (included in package)
- A completed Food Service Establishment questionnaire (included in package)
- Copy of owners picture government issued ID
- Proof of the registered name of your business with the Department of Commerce
- Proof of permanent Sales Tax number. **Temporary tax number will not be accepted**
- Temporary Use Permit (needs to be signed by a representative at Community Development)
  - Site plan
  - Written agreement from the property owner
- Copy of Health Department certificate or permit.
  - Contact the Health Department at 801-851-7000
- Fee of \$618
  - \$218 for Business License
  - \$100 for Temporary Use Permit
  - \$300 for Clean-up Bond (bond is refundable) A request must be submitted in writing

## CARNIVAL, CIRCUS OR RELATED BUSINESS

- A new, completed application is required every year
- Permit is valid from April 1st through October 31st
- A completed Industrial Water Pretreatment questionnaire (included in package)
- A completed Food Service Establishment questionnaire (included in package)
- Copy of owners picture government issued ID
- Proof of registered name of your business with the Department of Commerce
- Site map of where all rides, booths, etc., will be placed
- An authorized letter from the owner of the property or a lease agreement
- Proof of permanent Sales Tax number. **Temporary tax number will not be accepted**
- Temporary Use Permit (must be signed by a representative in Community Development).
- Copy of Health Department certificate. Contact the Health Department at 801-851-7000
- Fees \$1,318
  - \$218 for Business License
  - \$100 for Temporary Use Permit
  - \$1000 Clean-up bond (bond is refundable) A request must be submitted in writing.

## SEASONAL FIREWORK STANDS

- Completed Temporary Business license application
- Copy of Temporary Sales Tax number
- Proof of registered name of your business with the Department of Commerce, or Articles of Incorporation
- An authorized letter from the owner of the property
- Copy of business owners government issued photo ID
- Site plan
- Copy of liability insurance
- Fees:
  - (outside tent)
    - \$134 for Business License
    - \$200 for Permit
    - \$50 Inspection fee
    - \$300 Clean-up bond
  - (inside sales)
    - \$134 for Business License
    - \$200 for Permit
    - \$50 Inspection fee

## SEASONAL CHRISTMAS TREE STANDS

- Site Plan
- Completed Temporary Business license application
- Copy of Temporary Sales Tax number
- Proof of registered name of your business with the Department of Commerce, or Articles of Incorporation
- An authorized letter from the owner of the property
- Copy of business owners government issued photo ID
- **Fees: \$209 Business License**
  - **\$100 for Permit**
  - **\$300 Clean-up bond**

**TEMPORARY BUSINESS LICENSE APPLICATION**

Business Name: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_ City \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
Owner Name \_\_\_\_\_  
Owner Address \_\_\_\_\_  
Apt/Suite No \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip  
Code \_\_\_\_\_ Telephone ( ) \_\_\_\_\_ Email  
Address \_\_\_\_\_ Temporary Tax Number  
(mandatory) \_\_\_\_\_ Federal ID  
No \_\_\_\_\_ Business Entity No \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_  
Location of Event \_\_\_\_\_  Inside Event  Outside Event  
Proposed Start Date \_\_\_\_\_ Proposed End Date \_\_\_\_\_

Detailed Description of Event

Check all that apply  
 Christmas Tree Sales  Fireworks Stand  Shaved Ice Stand  Carnival/Circus  
 Produce stand  Farmers Market  Other \_\_\_\_\_

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.

\_\_\_\_\_ Applicants Signature \_\_\_\_\_ Please print your name

**OFFICE USE ONLY**  
LICENSE# \_\_\_\_\_ DATE \_\_\_\_\_  
PAYMENT \_\_\_\_\_ CSR \_\_\_\_\_



## TEMPORARY USE PERMIT APPLICATION

**Please fill out this box before leaving our office to make sure the Zone allows this use.**

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

Address of Property \_\_\_\_\_

Description of Temporary Business \_\_\_\_\_

Dates of Operation: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

(30 day maximum. Exceptions: shaved ice stands are permitted from April 1st to October 31st; farmer's markets are permitted from May 1st to October 31st; and Christmas tree sales are permitted from one (1) day prior to Thanksgiving Day to December 25th)

TUP Business Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

TUP Business Owner's Mailing Address \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Alternate Contact \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Business Name of Host Property \_\_\_\_\_

**Zone** \_\_\_\_\_ (Allowed zones: PF, PIC, SC1, SC2, SC3, DT1, DT2, GW, FC, ITOD, CG, CM, M1, and M2)

Zone verified by \_\_\_\_\_ (Zoning Signature).

### Temporary Business License Fees: (Paid at Provo Business License office)

- The applicant must provide a cash bond to ensure that the site will be cleaned up and restored to its original condition.
  - » \$1,000 bond for circus, carnival, or related uses.
  - » \$300 bond for other temporary uses.
- Temporary Use Permit Fee: \$100.
- Business License Application Fee: \$218.
- Firework stand fees: Permit fee: \$200, Application Fee: \$134, and Inspection Fee: \$50.

**TUP Casefile #:** (Community Development office) \_\_\_\_\_

### Written Agreement with Host Property Owner:

- A written agreement with the owner of the parcel upon which your vender will be located, must be attached to this application. This agreement must include the parking agreement, responsibility for maintenance, sanitary facilities agreement, and the party responsible for clean up once the temporary use is closed.

### Site Plan:

Please include the following checklist items in a Site Plan (drawn to scale) which should be drawn on Page 3 (Exhibit 1) of this application:

- Show the layout of the proposed temporary use. The use must be compatible with access, circulation, parking, and other significant elements of existing uses and structures on the site.
- Show the parking location and number of spaces.  
(Note: the minimum required parking is two (2) spaces, but more parking will be required if the need exceeds two (2). These spaces must not decrease the parking required for the hosting property's current use. Parking must also meet parking standards per title 14.37, except that parking may be provided on gravel rather than concrete or asphalt surfaces.)
- Show where your designated vehicle access will be.
- Show where bathroom or sanitary facilities will be located. (Must be located 300 feet or less from the temporary use, and on the same lot.)
- Farmer's Markets must also identify the number and type of vendors, and provide a signage plan for the proposed uses.

### Inspections:

- A building permit (\$100) and an inspection are required. Visit Community Development or call 801 852 6400 to apply for the building permit and to schedule the inspection of the structure. All structures must be securely anchored to the ground at not less than four (4) points, and meet the approval of City Building Inspectors.

Building Inspector signature: \_\_\_\_\_ Date: \_\_\_\_\_.

- If temporary power is needed, call the Energy Dept. at 801 852 6852.
  - Temporary power fee: Min. of \$200. (Fee paid at Community Development).
- A County Health Inspection is required when food is sold. Call 801 851 7525 to arrange an inspection. Additional fees apply.

**After all items on this application are completed, return application to the Zoning Division for license approval.**

(Zoning/Planning Signature) \_\_\_\_\_

**Bond release:** Temporary structures must be removed and the site restored to its original condition within 15 days of closure of the business. Please remember to schedule a final inspection for your bond release at least one day in advance. Call the Licensing Department at 801 852 6532 to request an inspection.

SCALED DRAWING EXHIBIT 1

(TEMPORARY USE PROPOSAL)



## 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 \_\_\_\_\_



CUSTOMER SERVICE

INDUSTRIAL PRETREATMENT PROGRAM
FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE

BUSINESS INFORMATION

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

Company Name \_\_\_\_\_

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

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

Phone Number (\_\_\_\_) \_\_\_\_\_

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

- Baking Grilling Frying Vegetable prep Other (please describe)

[Empty text box for describing food preparation and clean up activities]

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

Amount of kitchen fixtures used in your establishment

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

How are the following food by-products being disposed of? Please check all that apply.

Table with 3 columns: Sewer, Trash, Recycle. Rows: A. Solid Wastes, B. Oil & Grease, C. Liquid Wastes

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 as is.

If "YES," please complete page 2 of this questionnaire. Sign, date, and return it.



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What size (gallons) is the interceptor? \_\_\_\_\_

Is the interceptor functioning properly? YES NO

If "NO," please explain:

How often is the interceptor serviced? \_\_\_\_\_

When was the interceptor last serviced? \_\_\_\_\_

What is the average volume of waste which is removed from the interceptor when it is serviced? \_\_\_\_\_

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

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

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

Are service receipts available? YES NO

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

- |                          |                   |
|--------------------------|-------------------|
| _____ 3-compartment sink | _____ Mop sink    |
| _____ Bar sink           | _____ Dishwasher  |
| _____ Hand sink          | _____ Floor drain |

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