



Millville City
 PO Box 308
 510 East 300 South
 Millville, Utah 84326
 (435) 750-0924 FAX (435) 750-6206
www.millvillecity.org

CHECK APPLICABLE BOX	
<input type="checkbox"/> Commercial	<input type="checkbox"/> New Application
<input type="checkbox"/> Home Business	<input type="checkbox"/> Application Amendment
CHANGE OF:	
<input type="checkbox"/> Ownership	<input type="checkbox"/> Business Name
<input type="checkbox"/> Address	<input type="checkbox"/> Business Description

Business License Application

For businesses with a permanent physical location within the Millville City limits.
 This is not the application for special events, temporary businesses or solicitors.

License No. _____
 Date Received _____

SECTION I: Business Information

Application Contact: _____ Contact Ph: _____

A. Business Name "DBA": _____

B. Business Location: _____ Millville, UT 84326
Street Address (include unit #)

C. Mailing Address: _____ Same as "B. Business Location"
ATTN: Street (include unit#)/PO Box address City, State, Zip

D. Local Business Ph: _____ Fax: _____ www: _____

SECTION II: Business Description — General (complete the commercial or the Home Business AND the far right column)

COMMERCIAL

Building/plaza: _____

Is this a secondary use within an existing business location?

Yes, in _____ No

Hours of Operation: _____

Type of Operation: (mark all that apply)

- Sales/Service: Customers typically come on site
- Sales/Service: Customers rarely come on-site
- Service no sales
- Fresh food service and/or preparation
- Manufacturing
- Medical/dental
- Daycare
- Instruction
- Preschool
- Other: _____

Previous use of location:

HOME BUSINESS

Please Note:

A home business does not change the aesthetic character of the area and zone.

On-site employees? Yes No

If yes,
 Up to how many? _____ Working hours? _____
 Where will they park? _____

On-site customers? Yes No

If yes,
 Up to how many per day? _____
 Up to how many per week? _____
 Where will they park? _____

On-site business will be performed from a:

- (mark all that apply)
- Home office Garage/storage room
 - Desk and chair Carport/driveway
 - Shed/out building Vehicle
 - Other: _____

Do you intend to set-up off-site?

(i.e. in parking lot, at festivals, within stores)
 Yes No

Proposed start date: _____

This Business Includes:

- | Yes | No |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Signage |
| <input type="checkbox"/> | <input type="checkbox"/> Alcohol sales and/or services |
| <input type="checkbox"/> | <input type="checkbox"/> Live entertainment on-site |
| <input type="checkbox"/> | <input type="checkbox"/> Door-to-door solicitation |
| <input type="checkbox"/> | <input type="checkbox"/> Fireworks sales on-site |
| <input type="checkbox"/> | <input type="checkbox"/> Vending machines on-site |
| <input type="checkbox"/> | <input type="checkbox"/> On-site secondary business |
| <input type="checkbox"/> | <input type="checkbox"/> On-site events (ie. community party parking lot/sidewalk sales) |
| <input type="checkbox"/> | <input type="checkbox"/> Investment advice and/or service |
| <input type="checkbox"/> | <input type="checkbox"/> Pesticides use and storage |
| <input type="checkbox"/> | <input type="checkbox"/> Hazardous materials use and storage |
| <input type="checkbox"/> | <input type="checkbox"/> Vehicle sales |
| <input type="checkbox"/> | <input type="checkbox"/> Firearms or explosives sales |
| <input type="checkbox"/> | <input type="checkbox"/> Care of children or preschool |
| <input type="checkbox"/> | <input type="checkbox"/> Any construction jobs over \$1,000 |
| <input type="checkbox"/> | <input type="checkbox"/> Piercing, tattooing, perm, make-up |
| <input type="checkbox"/> | <input type="checkbox"/> Used merchandise transactions |
| <input type="checkbox"/> | <input type="checkbox"/> Changes to existing garbage service |
| <input type="checkbox"/> | <input type="checkbox"/> Vehicles, trailers, mowers, etc. (stores on site) |
| <input type="checkbox"/> | <input type="checkbox"/> Electrical, plumbing, structural, or mechanical changes to site |

SECTION III: Business Description — Specific (attach additional pages if necessary)

SECTION IV: Additional Information

E. Utah State Tax Commission — Sales Tax Number: _____ Not applicable

F. State & federal regulatory agency licensing info: _____ Not applicable
(Not referring to an EIN or entity number)

G. Did you use “One-Stop Online Business Registration” to Register your business with state and federal agencies?

Completely Partially Not at all I do not know — someone else did it

H. Previous Business Name: _____ Not applicable

I. Previous Business Location: _____ Not applicable

SECTION V: Ownership (Parent business entity and business officer information)

Parent Entity

Parent Business Name: _____ same as “A. Business Name DBA”

State Entity Type: Sole Proprietorship Partnership LLC Corporation Non-Profit Corporation (w/501 c3 letter)

Officers (1)

Officer Name: _____ Contact Ph. _____

Home Address: _____
Street (include unit #) / PO Box Address City, State, ZIP

- | | | |
|--|--|--|
| Sole Prop./Partnership | LLC | Corporation |
| <input type="checkbox"/> Owner | <input type="checkbox"/> Member | <input type="checkbox"/> President |
| <input type="checkbox"/> Local Manager | <input type="checkbox"/> Manager | <input type="checkbox"/> Director |
| | <input type="checkbox"/> Local Manager | <input type="checkbox"/> Officer |
| | | <input type="checkbox"/> Local Manager |

This person can be contacted in the event of an after-hours police or fire emergency.

Officers (2)

Officer Name: _____ Contact Ph. _____

Home Address: _____
Street (include unit #) / PO Box Address City, State, ZIP

- | | | |
|--|--|--|
| Sole Prop./Partnership | LLC | Corporation |
| <input type="checkbox"/> Owner | <input type="checkbox"/> Member | <input type="checkbox"/> President |
| <input type="checkbox"/> Local Manager | <input type="checkbox"/> Manager | <input type="checkbox"/> Director |
| | <input type="checkbox"/> Local Manager | <input type="checkbox"/> Officer |
| | | <input type="checkbox"/> Local Manager |

This person can be contacted in the event of an after-hours police or fire emergency.

SECTION VI: Notification and Verification of Authority

1) Mandatory review process – this application does not constitute a business license. All applications are subject to the review process mandated by Title 5 of the Municipal Code. Incomplete applications will not be processed. Decisions on applications will take 15 days (minimum), and are made based on:

- (i) the information provided on the application, and
- (ii) review of the Mayor and City Council

2) Additional Requirements – Under the Municipal Code, additional Business License application requirements are necessitated for some business types.

3) Denial of License – Application denial or subsequent license suspension or revocation are most often the result of:

- (i) an inaccurate or incomplete application, or failure to update information with the City and/or
- (ii) non-compliance with the Municipal Code, Land Use Code, and/or applicable building, fire, and environmental codes.

4) Other regulatory bodies – It is the applicant’s responsibility to determine and comply with any requirements from other regulatory agencies.

5) Signage – Permanent signage requires a separate Sign Permit Application, which is located on the city web site, Millvillecity.org.

6) Building alterations – All alterations to buildings or spaces, including electrical, plumbing, and mechanical alterations, require a separate building application.

I/We hereby agree to conduct said business strictly in accordance with the business license regulations as set forth in the Millville City Code, and swear under penalty of law the information contained herein is true.

Signature of Owner/Authorized Agent _____

Printed Name _____

Date _____

SECTION VII: For administration use only

Classification: Conforming Non-Conforming Child Care Home Business Low Impact Medium Impact

Conditional Use: (If box is checked see conditions)

Agree Do not agree Signature: _____ Date: _____

Yes No City Council grants permission Signature: _____ Date: _____

FEES \$25.00

EXEMPT

PAYMENT TYPE

RECEIPT

HOME-BASED BUSINESS FEE EXEMPTION CERTIFICATION

Business Name _____

Owner Name _____

Business Address _____

I hereby attest that the business operations I run from my home do not create any additional offsite impacts in my neighborhood. I see no clients or customers and require no off or on street parking, no large equipment is stored at my home and my business operations will not impact the neighbors through loud noise, odors, traffic or other unusual activity. Other reasons as to why I believe that my business qualifies for a fee exemption from the Millville City business license requirements ([Millville Code 5.04.140](#)) are as follows:

For all of the foregoing reasons, I hereby request that my home-based business be granted exempt status from the business license fee.

Signature

Date