



CARBON COUNTY UTAH

Seth Marsing, Clerk/Auditor
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BUSINESS LICENSING OFFICE

751 East 100 North
PRICE, UTAH 84501

PHONE: (435) 636-3227, FAX: (435) 636-3210, email johna.marshall@carbon.utah.gov

HOW TO APPLY FOR A CARBON COUNTY BUSINESS LICENSE

This checklist and packet will provide you with information needed to apply for a business license. Please note that there may be additional regulations depending on your type of business. We hope your experience will be a positive and prosperous one.

COMMERCIAL AND HOME OCCUPIED BUSINESSES

Business Registration Steps

- ☐ Register your business name with the Utah Department of Commerce (801) 530-6701.
- ☐ Obtain a Federal Employer Identification Number, if applicable to your business, from the IRS (801) 799-6963.
- ☐ Obtain a Utah State Sales Tax ID Number, if applicable to your business, from the Utah State Tax Commission (801) 297-2200.

Use the convenient ***One-Stop Online Business Registration www.corporations.utah.gov, or contact the respective offices, at the numbers listed above, for more information***

Business License Application Steps

- ☐ Complete the Business License Application.
Include a **copy** of the following with your business license application.
 - State name registration, or stamped articles of incorporation (only page showing name)
 - Federal Employer Identification Number (if applicable)
 - State Sales Tax ID Number, or proof of exemption (if applicable)
 - Professional license (if applicable)
 - Driver's License
- ☐ Return completed applications to the Business Licensing Office, **Monday thru Friday 8am-5pm**. Attach a letter from property owner giving permission for you to operate your business on their property, if applicable.
- ☐ Food Establishments must provide Serv-Safe or equivalent certification and a Permit from the Health Department. (435) 637-3671
- ☐ Short Term Rentals will need an inspection and a Lodging Permit from the Health Department (435) 637-3671

Only completed legible applications, with all fees paid, will be considered for approval. Partial applications will not be accepted.



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BUSINESS LICENSE APPLICATION

Bring all completed and properly signed forms (including attachments as necessary) to: Carbon County Clerk's Office, Business Licensing, 751 E. 100 N. Price, UT 84501. For questions call (435) 636-3227.

PLEASE TYPE OR PRINT LEGIBLY, ONLY COMPLETED, LEGIBLE APPLICATIONS, WILL BE CONSIDERED FOR APPROVAL.

Business Information			
Business Status: <input type="checkbox"/> New Business <input type="checkbox"/> Location Change <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change			
Business Name (include DBA):			
If Name Change, list previous name:			
Business Address:			Suite/Apt. No.:
City:	State:	Zip Code:	
Business Telephone: ()	Business E-mail:	Business Fax:	
Mailing Address (if different):		City:	State: Zip Code:
Property Owner's Name:		Property Owner's Telephone: ()	
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC (Include copy of name registration with the State of Utah)			
Type of Business: <input type="checkbox"/> Commercial <input type="checkbox"/> Home Occupation <input type="checkbox"/> Industrial			
Nature of Business: <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Services <input type="checkbox"/> Other			
Opening Date: Business Hours: From To M T W TH F S SU (please circle)			
Part Time: <input type="checkbox"/> 20 hours or less a week. Full Time: <input type="checkbox"/> 21 hours or more a week. How many employees? _____			
Detailed Description of Business:			
State Sales Tax I.D. No. (Include copy or proof of exemption):		Federal Tax I.D. No. (Include copy):	
State License No. (Include copy):		State License Type:	
THE FOLLOWING LICENSES ARE SUBJECT TO ADDITIONAL REQUIREMENTS. Check all that apply.			
<input type="checkbox"/> Alcoholic Beverages	<input type="checkbox"/> Eating Establishment	<input type="checkbox"/> Amusement / Recreation Center	
<input type="checkbox"/> Daycare / Pre School	<input type="checkbox"/> Short Term Rental	<input type="checkbox"/> Hair/Skin/Nail/Esthetician	

If applicant is a SOLE PROPRIETOR, complete this section.

Owner's Name:		
Owner's Address:		Suite/Apt. No.:
City:	State:	Zip Code:
Owner's Telephone: ()	Owner's E-mail:	Owner's Fax:
Owner's Birth Date:		Owner's Driver's License No. <i>(include state & provide copy)</i> :

Manager Information (if applicable)

Manager's Name:		
Manager's Address:		Suite/Apt. No.:
City:	State:	Zip Code:
Manager's Telephone: ()	Manager's E-mail:	Manager's Fax:
Manager's Birth Date:		Manager's Driver's License No. <i>(include state)</i> :

If applicant is a CORPORATION, PARTNERSHIP, OR LLC, complete this section.

ALL OFFICERS (First/Middle/Last)	HOME ADDRESS (City, ST, Zip)	HOME TELEPHONE
1.		()
2.		()
TITLE	DATE OF BIRTH (MM/DD/YYYY)	DRIVERS LICENSE NO. (Include copy)
1.	/ /	# ST
2.	/ /	# ST

I am aware that this application does not constitute approval to operate a business. I hereby agree to conduct said business strictly in accordance with the laws and ordinances covering such business and swear under penalty of law that the information contained herein is true.

Signature of Owner/Agent

Date

Please Print Name

Title

Please allow at least 10 working days for your application to be processed after submitting all fees and paperwork.

All licenses are issued for the calendar year and are renewable on or before January 31. Responsibility of renewal is that of the licensee and failure to receive notice does not excuse this responsibility.

Commission Approval Application

I, _____, the undersigned applicant and owner
Name of Owner / Agent

_____, do swear that I/we agree to conduct said business
Name of Business
strictly in accordance with the laws and ordinances covering such business including
all county health and safety codes and County Ordinance 281, and swear under
penalty of the law that the information contained in the Business License Application
is true.

On this _____ day of _____, 20____.

X _____
Signature of Owner / Agent

We the undersigned, **BOARD OF COUNTY COMMISSIONERS**, Hereby certify that the
Above named may be issued a Business License.

Commission Chair _____

Commissioner _____

Commissioner _____

FOR OFFICE USE ONLY

*****NOTICE*****

To engage in the business for which this license is issued, you must comply with all Federal, State, and county laws, statutes, and regulations, including those relating to zoning, building, health, and fire safety. If now, or in the future, you do not comply with these codes, this license does not authorize you to engage in business.

CLERK'S OFFICE ONLY

Date Received: _____ Received By: _____
Classification: _____ Part time _____ (< 20 hrs. a week) Full Time _____ (> 20 hrs. a week)
Amount of License: _____ Payment: Check _____ Cash _____ Card _____
Doing Business From _____ AM- _____ PM M T W TH F S SU (please circle the days of the week)
Business Description: _____

PLANNING DEPT. ONLY

Approved as to proper zoning: _____
Zone: _____ Fee: _____
Special Conditions: _____
Zoning Administrator or Deputy: _____ Date: _____

HEALTH DEPT. ONLY

Daycare/Preschool/Food Related Business Approval

Type of Business: _____
Special Conditions: _____
SEU HEALTH DEPARTMENT: _____ Date: _____

ANIMAL CONTROL DEPT. ONLY

Animal Related Business Approval

Regulatory Permit: _____ Expiration: _____ Fee: _____
Special Conditions: _____
Animal Control Officer: _____ Date: _____