

BUSINESS LICENSE APPLICATION



CITY OF NAPLES
BUSINESS LICENSE APPLICATION
 1420 East 2850 South
 Naples, UT 84078
 p. 435.789.9090 f.435.789.9458

Organization Type: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Business Status: <input type="checkbox"/> New <input type="checkbox"/> Location Change <input type="checkbox"/> Name Change <input type="checkbox"/> Ownership Change Nature of Business: <input type="checkbox"/> Contractor <input type="checkbox"/> Services <input type="checkbox"/> Oilfield <input type="checkbox"/> Retail/Wholesale <input type="checkbox"/> Home Occupation <input type="checkbox"/> Other: _____		Is Business Name Registered with the State <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Tax ID#/SS# _____ Utah Sales Tax # _____ State License # & Type (if applicable) _____	
Business Name:		DBA:	
Business Address:		City:	Zip
Business Telephone:	After Hours Emergency Contact:	Phone:	
Mailing Address: (If Different)		City, State and Zip	
Description of Business Activities:			# of employees
Owners Name:	Home Address:	Home Phone:	
Owners Driver License #/Work ID #	Owners Date of Birth	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Managers Name: (If Applicable)	Managers Home Address:	Phone:	
Fee Amount Base Fee _____ \$ _____ Employees _____ x \$3.00 _____ Initial Inspection Fee _____ Beer License/Class _____ Other _____ Total Fees \$ _____	*****OFFICIAL USE ONLY***** Approved by Building/Fire _____ Date _____ Approved by Council _____ Date _____ B/L # _____ Date Paid _____ Amt Received _____ Receipt # _____ Received By _____ Check # _____		

The foregoing information is correct to the best of my knowledge. I am aware that this applications does not constitute approve to operate a business until approved by Naples City and a license has been issued. I hereby agree to conduct said business strictly in accordance with the law and ordinances covering such businesses, and that no other type of business will be conducted other than what has been stated above, and swear under penalty of law that the information contained herein is true.

 Signature of Owner/Applicant Date

 Please Print Name Title

If applicable please provide a **“Site Specific Plan”** and emergency contact information.



Assessor's Form

Congratulations on the establishment of your new business. To smooth your business path, please be aware of the following statutory provisions relating to businesses:

- ❖ Utah Code, annotated 59-2-101 et seq., requires that each business pay property tax on the equipment and fixtures used in its operation.
- ❖ To assist the Assessor in determining what taxable equipment you have, Utah Code requires you to file an affidavit each year with the Assessor's Office.
- ❖ Business names are also picked up through phone listings and state and local government agencies. Property that has escaped taxation can be picked up and back billed to you with interest and penalties.
- ❖ The responsibility for business taxes is a personal obligation of the business owner.

Please fill out the applicable fields below (pick one of the three groups).

Existing Business: _____

Business Start Date (date began operating): _____

Name of Business: _____

Owner's Name: _____

Address of Personal Property: _____

Mailing Address: _____

Telephone Number: _____

New Business: _____

Business Start Date (estimated Commission approval date): _____

Name of Business: _____

Owner's Name: _____

Address of Personal Property: _____

Mailing Address: _____

Telephone Number: _____

Business Name Change/New Owner: _____

Prior Name of Business: _____

New Name of Business: _____

Owner's Name: _____

Address of Personal Property: _____

Mailing Address: _____

Telephone Number: _____

Type of Business: _____

What Type of Equipment Do You Have? (computers, machinery, furniture, file cabinets, manufacturing equipment, and estimate cost of office supplies)

COMMERCIAL / INDUSTRIAL WASTEWATER & PRETREATMENT QUESTIONNAIRE

ASHLEY VALLEY WATER RECLAMATION FACILITY P.O. BOX 426 VERNAL, UT. 84078 (435)-789-9805 OR FAX (435)-789-9806

Business Name:	Phone:
Business Contact Email:	Mobile Phone:
Business Address:	Mailing Address:
Business Owner	Local Business Contact/Manager
Print Name:	Print Name:
Print Title:	Print Title:
Phone:	Phone:
Business, Manufacturing, and Service Type & Business Site Information	
Standard Industrial Classification Code (SIC#) If Known:	Does your business location have sewer connections other than handwash sinks and toilets? (Such as floor drains, food-prep sinks, dishwashing station, etc.) <p style="text-align: center;">YES or NO</p>
Briefly describe business product, manufacturing, or service:	If YES , is there a Sedimentation or Oil/Grease Separator for these connections? <p style="text-align: center;">YES or NO</p> If YES , Please list the size (gal. or lbs.) & location of the separator: _____ gal. / lbs. Location: INSIDE or OUTSIDE
List principle raw materials used in manufacturing or service:	List types of Chemicals used (include all cleaning solvents, acids, soaps, etc.):
Will any of these chemicals be entering the sewer system? Yes / No (Please Attach an SDS for each Chemical that could reach the Sewer System)	
Estimation of how much water will be used and/or discharged into the sewer daily (Gallons).	
Domestic (Toilets/Handwash Sinks) Use: _____ gallons daily	Process, Manufacturing, Service, Shop, Dishwashing, etc.: _____ gallons daily

**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 the questions contained in this questionnaire change, the business will immediately notify the Ashley Valley Water Reclamation Facility of the proposed change(s). Notification does not constitute the approval of the proposed change(s) to the wastewater discharge. I fully understand that the Ashley Valley Sewer Management Board may deny or revoke the discharge of wastewater from the Business listed above if it is deemed harmful and/or disrupts the treatment process at the Ashley Valley Water Reclamation Facility. I also fully understand that the staff from the Ashley Valley Water Reclamation Facility may request without prior notice to access the Business's premises and facility for an inspection of floor drains, sinks, process water discharges, and for the proper operation and maintenance of onsite grease and sediment traps.

**Signature of Signing Official (Owner/Manager)

Date

Please return this form with your Business License Application or Renewal.

(ANY QUESTIONS, CONTACT DEAN GIBBS, GENERAL MANAGER, AT THE ASHLEY VALLEY WATER RECLAMATION FACILITY 435-789-9805.)