



**DIVISION OF BUSINESS LICENSING**  
 290 North 100 West, Logan, Utah 84321  
 Ph: 435-716-9230 / Fax: 435-716-9001  
[www.loganutah.org](http://www.loganutah.org)

- Category:**
- Commercial
  - Commercial - Secondary
  - Home Occupation
  - Independent Contractor
  - Other \_\_\_\_\_

- Type:**
- New Application
  - Application Amendment
  - Location
  - Name
  - Ownership
  - Business description

# BUSINESS LICENSE APPLICATION

For businesses with a permanent physical location in Logan city limits.

License No. \_\_\_\_\_

Date Received \_\_\_\_\_

## SECTION I: Business Information

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

**"Doing Business As":** \_\_\_\_\_  Same as "Business Name"

**Business Location:** \_\_\_\_\_ Logan, UT 843 \_\_\_\_\_  
 Street Address (include unit #)

**Mailing Address:** \_\_\_\_\_  Same as 'Business Location'  
 ATTN. Street (include unit #) / PO Box Address City, State, Zip

**Bus. Phone 1:** \_\_\_\_\_ **Bus. Phone 2:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Utah State Tax Commission Sales Tax Number:** \_\_\_\_\_

**State and/or Federal Regulatory License(s)** (This is NOT the FEIN number. Please include agency name and number.)  Not applicable.

License 1: \_\_\_\_\_ License 2: \_\_\_\_\_

**NAICS Code:** \_\_\_\_\_ **Proposed start date:** \_\_\_\_\_

NAICS look-up website: [www.naics.com/search.htm](http://www.naics.com/search.htm)

## SECTION II: Business Description - General (Complete the Commercial OR the Home Occupation section AND the far-right column)

### Commercial

**Is this a secondary use at this location?**  
 Yes, in \_\_\_\_\_  No

**Sq.ft. of bus. location:** \_\_\_\_\_

**Building/plaza name:** \_\_\_\_\_

**Up to how many employees?** (not owners)  
 \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

**Total parking stalls:** for the building: \_\_\_\_\_  
 designated for your business: \_\_\_\_\_

**Hours of operation:** \_\_\_\_\_

- Type of operation:** (mark all that apply)
- Sales/Service: Customers typically come on-site
  - Sales/Service: Customers rarely come on-site
  - Business is primarily conducted off-site
  - Fresh food service and/or preparation
  - Manufacturing
  - Accommodations
  - Event center
  - Other: \_\_\_\_\_

**Previous use of location:** \_\_\_\_\_

### Home Occupation

**Please Note:**  
 There shall be no visible evidence of the conduct of a home occupation when viewed from the street or from an adjacent lot.

**On-site employees?**  Yes  No  
*If yes,*  
 up to how many? \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time  
 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:**

- Home office  Garage / storage room
- Desk and chair  Carport / driveway
- Shed/out-building  Vehicle

Other: \_\_\_\_\_

**Do you intend to set-up off-site?**  
 (ie. in parking lots, at festivals, within stores)  
 Yes  No

### This business includes:

Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Constructing a new sign	Separate Sign Permit required
<input type="checkbox"/>	<input type="checkbox"/>	Changing an existing sign	
<input type="checkbox"/>	<input type="checkbox"/>	Door-to-door residential solicitation	
<input type="checkbox"/>	<input type="checkbox"/>	Use of City right-of-way (ie. sidewalk)	
<input type="checkbox"/>	<input type="checkbox"/>	Live entertainment on-site	
<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 businesses	
<input type="checkbox"/>	<input type="checkbox"/>	On-site events (ie. community party, parking lot/sidewalk sales)	
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous materials use and storage	
<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"/>	Electrical, plumbing, structural, or mechanical changes to the site	
<input type="checkbox"/>	<input type="checkbox"/>	Does this business have discharge(s) that go somewhere other than directly into the sanitary sewer system? <i>Need an explanation?            Contact Public Works at 435-716-9153.</i>	

**SECTION III: Business Description - Specific** (Outline the use of the business location, storage of materials, etc.)

\_\_\_\_\_

**SECTION IV: Ownership & Contacts** (Please Note: Every application must have at least one Application Contact and one Emergency Contact)

Contact Name: \_\_\_\_\_ **Contact Role(s):** (mark all that apply)  
 Application Contact  
 Ownership  
 Agent  
 Local Manager  
 After-Hours Emergency Contact  
 Licensing Rep /ie. Accounting  
 Other Officer or Employee

Home Address: \_\_\_\_\_  
 Street Address (include unit #) / PO Box City, State, Zip

Contact Ph 1: \_\_\_\_\_ Contact Ph 2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ and, Driver Lic. #: \_\_\_\_\_ (State: \_\_\_\_\_) or, Passport #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ **Contact Role(s):** (mark all that apply)  
 Application Contact  
 Ownership  
 Agent  
 Local Manager  
 After-Hours Emergency Contact  
 Licensing Rep /ie. Accounting  
 Other Officer or Employee

Home Address: \_\_\_\_\_  
 Street Address (include unit #) / PO Box City, State, Zip

Contact Ph 1: \_\_\_\_\_ Contact Ph 2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ and, Driver Lic. #: \_\_\_\_\_ (State: \_\_\_\_\_) or, Passport #: \_\_\_\_\_

See attached page(s) for additional contacts

**SECTION V: Amendment**

**Previous Business Name:** \_\_\_\_\_  Not applicable

**Previous Business Location:** \_\_\_\_\_  Not applicable

**SECTION VI: Notifications and Verification of Authority**

- 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 business days (minimum), and are made based on:
  - the information provided on the application materials, and
  - reviews inspections performed, as required.
- Additional Requirements** - Under the Municipal Code, additional Business License application requirements are necessitated for some business types.
- Denial of License** - Application denial or subsequent license suspension or revocation are most often the result of:
  - an inaccurate or incomplete application, or failure to update information with the division, and/or
  - non-compliance with the Municipal Code, Land Development Code, and/or applicable building, fire, and environmental codes.
- Other regulatory bodies** - It is the applicant's responsibility to determine and comply with any requirements from other regulatory agencies.
- Signage** - Permanent signage requires a separate Sign Permit application, which is administered by the Division of Planning and Zoning (435-716-9036).
- Building alterations** - All alterations to buildings or spaces, including electrical, plumbing, and mechanical alterations, require a separate building permit and compliance inspection as established by Logan Municipal Code. Building permits are administered by the Division of Building and Safety (435-716-9030).
- Officer background checks** - The application process includes a Logan Police local background check for each business principal or officer.

I affirm that: (i) I am an authorized agent of the business for which application is being made, and (ii) the information on this form and on all application materials is both complete and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

<b>**Application Fees:</b>	<b>Commercial</b> Level 1 - less than 10,000 sqft.: \$150 Level 2 - 10,000 sqft of more: \$250	<b>Alcohol Consent</b> (includes Bus. License) \$300	<b>Minor</b> *Home Occupations, Commercial Secondary, Independent Contractors \$75 <i>*No Impact category of Home Occupations does not require a fee.</i>	<b>Amendments / Transfer</b>	<b>Change to a like category</b> C-1 to C-1 C-2 to C-2 M-1 to M-1 \$20	<b>Change to a lower category</b> C-2 to C-1 C-2 to M-1 C-1 to M-1 \$20	<b>Change to a higher category</b> C-1 to C-2 - \$120* M-1 to C-1 - \$95* M-1 to C-2 - \$195*

**\*\*PAYMENT OF FEES WILL NOT BE ACCEPTED AFTER 4:30 P.M. ON BUSINESS DAYS.**