Date Received
Date Paid
Amt. Paid \$

## **MILLARD COUNTY BUSINESS LICENSE APPLICATION**

Class: \_\_\_\_\_ CUP # \_\_\_\_\_ Millard County Clerk's Office

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

765 South Highway 99, Suite 6 Fillmore, UT 84631

Please complete all portions of the application to avoid delay in review and approval. Incomplete applications will be returned to the applicant for completion. Your cooperation and attention to the information contained in this application are appreciated.

Your business is an important and welcome part of our County.

Business Name						
Business Address			<b>7</b> : 4			
Street	City	State	Zip *P	arcel Number (Required)		
Mailing Address (if different from	above)					
Owner's Name		Owner's	Phone _			
Owner's Address	ress			E-Mail Address		
Driver License #	State	Expira	Expiration			
Date of Birth						
Have you ever been convicted o	of a felony? □ Yes [	□ No				
Manager's Name	Manager's Phone					
Manager's Address						
Description of Business (be spe-	cific)					
Will your business sell beer or to	obacco? □ Yes □ No					
Type of Organization ☐ Self Ov ☐ New		☐ Limited Lon ☐ New Ow		☐ Partnership		
Number of Full-Time Employees	s Part-Time _	Sales	Tax ID #	:		
List your State License #		Federa	al ID#			
This application does not author Please allow 14 to 30 days for pr		until approved	and a lice	ense has been issued.		
I (we) hereby agree to conduct busi swear under penalty of law, that the give Millard County permission to p	information contained he	rein is true and c	orrect. By			
Signature		Dat	te			
Signature		Dat	te			

APPROVALS  Obtaining necessary approvals is your responsibility and must be obtained prior to submitting the application							
Zone	_ Is Use Allowed	? □Yes	□Yes, as	s Home Occupation only	□No		
Planning & Zoning	Signature Date						
Building Safety	Signature Date						
Health Department	Signature Date						
Auditor's Office	Signature Date						
Sheriff's Office	Signature Date						
Landfill Commercial Class	-		_ per mo.	☐ Home Occup	ation		
	Signature D	ate					
	Approved	Millard	County Co	ommission D	  Pate		

Vending Machines

Class A: maximum single sales not exceeding \$.10.

Class B: maximum single sales not exceeding \$.50, but no less than \$.11

**Class C:** maximum single sale of \$.50 or more.

Beer License

Class A: Entitles the licensee to sell beer on the premises described therein, in original containers of a size not to exceed one liter capacity, for consumption off the premises, in accordance with the Liquor Control Act of Utah and the ordinances of the County.

**Class B:** Entitles the licensee to sell beer, on the premises described therein, in original containers of a size not to exceed on liter capacity, for consumption on the licensed premises. A Class B retail license also entitles the licensee to all of the privileges granted to a holder of a Class A retail license. Only bona fide restaurants shall be entitled to Class B Licenses.

**Class C**: Required for all premises where the primary or main business is that of selling beer for consumption on the licensed premises. A Class C shall entitle the licensee to sell beer for consumption on or off the licensed premises in any size of container, and shall entitle the holder thereof to all the privileges granted the holders of Class A and B retail licenses, in accordance with the Liquor Control Act of Utah. No person under the age of twenty-one shall sell or serve beer under this license.

Class D: Entitles the licensee to sell beer for consumption on publicly owned recreation facilities. The licensee shall be the holder of a concession contract from the public body owning the recreation area involved. Under this license, no beer shall be sold in the original containers, but must be first emptied into suitable temporary containers. No person under the age of twenty-one years may sell or serve beer under this license. All sales and deliveries under this license shall be made directly to the ultimate consumer.

Business License: \$25.00

\$100.00

Beer License:

## MILLARD COUNTY LANDFILL QUESTIONNAIRE For All Business

Name:	Address: _						
Contact Person:	contact Person: Phone:						
Is your business your primary source of income? $\square$ Yes $\square$ No							
Hours spent □ daily □ weekly □ monthly working at Business							
Type of garbage generated	:						
Volume of garbage generat	ed:						
Number of Employees Full-Time Part-Time							
Name of Electric Utility Provider:Account #							
Type of Business							
10-18-2: HOME OCCUPATIONS:  All applications to establish a home occupation shall comply with the following requirements:  A. The home occupation is clearly incidental to the use of the dwelling unit for residential purposes and does not change the character of the structure.  B. Entrance to the home occupation from outside shall be the main entrance or the same entrance used by the residents of the dwelling unit, except when required to be otherwise by the fire authority, board of health, or other public agency with authority.  C. The physical appearance, traffic, and other activities in connection with the home occupation are not contrary or in conflict with the purposes of the zoning district in which the dwelling unit is located.  D. All activities associated with the home occupation shall be conducted entirely within the dwelling unit and conducted by the residents of the dwelling only and does not involve the use of any accessory buildings or outside areas for the storage of goods or materials or the conduct of the home occupation.  E. The home occupation shall maintain a valid business license as needed. (Ord. 12-12-04, 12-4-2012)							
For Office Use Only							
Date Received:	By:						
<ul> <li>□ Home Occupation</li> <li>□ Commercial Class 1</li> <li>□ Commercial Class 2</li> <li>□ Commercial Class 3</li> </ul>	\$ .00 \$ 14.50 per month \$ 29.00 per month \$ 58.00 per month	<ul> <li>□ Commercial Class 4</li> <li>□ Commercial Class 5</li> <li>□ Commercial Class 6</li> <li>□ Commercial Class 7</li> </ul>	\$116.00 per month \$232.00 per month \$309.00 per month \$ Individually Assessed				
Date:	Signatura	of Authorized Landfill Employee					
□ Copy mailed to utility provider □ Copy hand-delivered or mailed to customer							

Millard County Landfill 71 South 200 West P.O. Box 854 Delta, Utah 84624 Phone: (435) 864-1400 Fax: (435) 864-1404

Fees Adopted June 19, 2000 Form Updated June 13, 2023