



Ogden City Business License Application

2549 Washington Blvd. Suite 240

Ogden, UT 84401

801-629-8687

☐ Business License # _____
☐ State Sales Tax # _____
☐ State License # _____

☐ New Business ☐ New Owner ☐ New Location ☐ New DBA Name

DBA Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____ Alternate # _____

E-Mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Name of property owner _____

APN _____ - _____

Mailing Address _____ City _____ State _____ Zip _____

Type of organization: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC ☐ LLP ☐ Non-Profit

Name of owner if sole proprietor _____ Birthdate _____

Name of LLC, LLP or Corporation _____

Name of registered Agent for LLC, LLP or Corporation _____

Registered Agent Mailing Address _____ City _____ State _____ Zip _____

This is an application for a business license; the actual license will be issued only when ALL inspections are received and approved. All information must be accurately completed or the issuance of the license will be delayed. Issuance of this business license shall in no way relieve the applicant of his/her responsibility of complying with applicable zoning, health, building, or fire regulations

Detailed description of business _____

Number of employees in this business _____ Opening date at this location _____

I, we, _____ hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and understand that it is unlawful to make any false statement, declaration, or report as required in this application.

Date _____

Signed by _____

Official Use Only: Zone _____ Census Track _____ Traffic _____ Planning Community _____

Planning ☐ Approved ☐ Not approved By: _____ Date: _____

Department ☐ Approved ☐ Not approved By: _____ Date: _____

License Officer ☐ Approved ☐ Not approved By: _____ Date: _____

Business License Building Fire Health Dept. Agriculture



Business License Checklist

Ogden City Customer Service Center
2549 Washington Blvd. Suite 240
Ogden, UT 84401
Phone: 801-629-8962

Business Name: _____ Business Address: _____

Ogden, UT Zip: _____ Phone: _____

General Plan District: _____ Zoning: _____ Census: _____ Traffic _____

To be filled out by staff

To determine if an inspection of the premises is needed, please answer the following questions as they pertain to your business.

What type of business was in this space/building before? _____

Yes No

Will you have to **remodel** the building to occupy the space for your use?

(Permits and contractors will be necessary before the business may be opened)

Does the building have address numbers for easy identification?

(Emergency vehicles need to be able see the address from the street)

Does the entry door have an **EXIT** sign at the main door or entry?

(In addition to the exit sign, there must be a sign with 1 inch block letters on the door stating) **"This Door to Remain Unlocked During Business Hours"**

Will you have a business sign installed for your business?

(A sign permit is needed and a State Licensed Sign Contractor would be required to install any outdoor sign.)

Do you have **restroom facilities** for you and your employees?

(A separate restroom for each sex is required when there are four or more employees and both sexes are employed. **Restaurants** require restrooms for the public in addition to facilities for employees.)

Do all stairs have handrails on **both sides** of the stairs?

(Guardrails are needed for any open stair or balcony area.)

Are there sufficient electrical receptacles for your needs?

(Extension cords are **NOT** permitted. Adding electrical outlets would require a permit and State Licensed Contractor to perform the work.)

Has **Weber-Morgan Health Department** approved any food preparation?

I understand that I must have **Fire Department** approval before I open for business.

I hereby acknowledge that I received a copy of these minimum standards and that my business location will meet these standards during my tenancy.

Name of business owner or agent



Emergency Notification

The information below is required as part of your Ogden City business license application processing. This information is provided to the Police and Fire Departments, for use in case of an **EMERGENCY** such as fire or burglary.

Business Name: _____ Business Phone: _____

Business Address: _____ City Ogden State UT Zip _____

Owner's Name: _____ Residence Phone: _____

Residential Address: _____ City _____ State _____ Zip _____

Manager's Name: _____ Residence Phone: _____

Residential Address: _____ City _____ State _____ Zip _____

Whom to Call in Case of Emergency

(In order of priority, not including owner & manager)

1st Person to Contact: _____ Residence Phone: _____

Address: _____ City _____ State _____ Zip _____

2nd Person to Contact: _____ Residence Phone: _____

Address: _____ City _____ State _____ Zip _____

3rd Person to Contact: _____ Residence Phone: _____

Address: _____ City _____ State _____ Zip _____