



BUSINESS LICENSING

1979 West 1900 South
Syracuse, Utah 84075
Phone: 801-825-1477
Email: hdavies@syracuseut.com



GENERAL LICENSING REQUIREMENTS TEMPORARY COMMERCIAL SALES FIREWORK SALES

Welcome to Syracuse City's Business Community! We hope your business venture is successful.

Use of your Temporary or Seasonal Business endeavors is allowed on a limited basis.

LICENSING PROCESS:

1. **Business Registration:** Each business owner must register their business name with the Department of Commerce. The easiest way to accomplish this would be visiting the One Stop Business Registration link: osbr.utah.gov This link also allows business owners to register with the Utah State Tax Commission, Utah Labor Commission, Utah Department of Workforce Services, and Utah Department of Environmental Quality. If you have any questions regarding this part of the process, you may contact the One Stop Business Registration help-line at 801-530-4849.
2. **Applications:** All application forms must be completed and turned in with payment or the application will not be processed.

Application fee are as follows:
Temporary Business License Fee - \$50 (6 months maximum)
Firework Sales Permit - \$300
(If required: Conditional Use Application and/or City Concessionaire Agreement)
3. **Site Plan:** Each applicant must submit a drawing of a site plan of the area that will be used for business showing the total square footage of the site, including the square footage of the area. This can be hand drawn.
4. **Inspections and approvals:** ALL businesses must have a Building and Fire inspection done. If the business involves children coming to the home, the Police Department will need to conduct a background check on all individual 18 years and older residing at that address. The application fee covers the cost of all inspections and the approval process. There is a Home Self-Inspection worksheet for businesses that will not have customers entering the home.
5. **Building & Fire Inspection:** The City requires that Temporary and Seasonal Business establishments be inspected by City Building and Fire Inspectors before any business can be conducted. Fees collected at the time of the application cover the required inspections.
6. **Clean-up of Site:** The applicant shall ensure clean-up and necessary restoration of the business site location in a timely manner, returning the proposed site to the original condition upon completion of temporary use.

Thank you for joining the Syracuse City Business Community!

Syracuse City Business Licensing Department

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**SYRACUSE CITY BUSINESS TEMPORARY LICENSE APPLICATION**

Syracuse City Community & Economic Development • 1979 W 1900 S, Syracuse UT 84075
801-825-1477 or 801-614-9626 • website: www.syracuseut.com

OFFICE USE ONLY

License # _____

BUSINESS INFORMATION

Name of Business: _____ DBA: _____

Is your business registered with the Department of Commerce? Yes ___ No ___ **Currently Active?** Yes ___ No ___If No, please apply at www.business.utah.gov/registration **TEMPORARY SALES TAX #** _____

State Entity # _____ Sales Tax ID # _____ EIN/ Federal ID # _____

State Professional License or DOPL # _____ Website/Facebook: _____

Business Address: _____ Business Phone: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Desired date of opening: _____ Number of employees other than self _____

Type of business: Sales ___ Service ___ Office/Professional ___ Contractor ___ Child Care ___ Other _____

If a Commercial business, square footage of building used for Business: _____

Describe operation of your business in detail: (Including description, hours and days of operation, customers, parking, etc)

Any business information provided to the City becomes property of Syracuse City and is public record

Business Type

- ☐ Commercial
☐ Home Occupation

- ☐ Sole Proprietor
☐ Corporation
☐ Partnership
☐ LLC
☐ Non-Profit
☐ Exempt

APPLICANT INFORMATION

Owner Name: _____ Owner Phone (other than business): _____

Owner address: _____ City: _____ State: _____ Zip Code: _____

Birth Date: _____ Driver License: _____ State: _____ SSN: _____ Years lived in Utah: _____

Email: _____ **Are you the property owner?** Yes ___ no ___

Additional Owner Name: _____ Owner Phone (other than business): _____

Owner address: _____ City: _____ State: _____ Zip Code: _____

Birth Date: _____ Driver License: _____ State: _____ SSN: _____ Years lived in Utah: _____

Email: _____ **Are you the property owner?** Yes ___ No ___ (please attach additional sheet if more owners)**APPLICANT AGREEMENT**

This form is an application for a business license. The actual license will be issued only after this business is in compliance with all City, State, Federal, fire and building codes and ordinances and all inspections are completed and approvals given. Missing or incomplete information on this application may significantly increase the time needed for approval. This application will expire six months after the filing date if all inspections have not been completed and approvals granted. Operating without a Business License is a Class B Misdemeanor, with each day of noncompliance constituting a separate violation.

I, the undersigned, hereby agree to conduct said Business strictly in accordance with all Syracuse City Codes governing such business and swear, under penalty of law, that the information contained herein is true and correct to the best of my knowledge, I understand that to falsify any information on this application is grounds for denial and/or revocation of an applicable license and issuance of any other penalties as provided by law. I acknowledge my responsibility to renew my Syracuse City Business License and pay any and all late fees, if applied.

Applicant Signature: _____ Date: _____

Would you like your Business to be listed in the City Business Directory? Yes ___ No ___ Would you like to be featured as Business of the Month? Yes ___ No ___**FOR OFFICE USE ONLY**

Business License Fee: \$ _____ Date Paid: _____ By _____

Approved: _____ Denied: _____

Business License fees are found in the City Consolidated Fee Schedule on the City website: www.syracuseut.com

Date: _____

ZONE: _____ PARCEL ID: _____ CUP Type: Major ___ Minor ___ Zoning Review: _____

Conditional Use Permit required? Yes ___ No ___ Permit Fee \$ _____ Date Paid: _____

Departmental Review

Fire Dept:

Building Dept:

Planning Dept:

Comments:

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Temporary Commercial Sales Compliance Standards

Syracuse City Community & Economic Development
1979 West 1900 South, Syracuse, UT 84075
801-825-1477 • www.syracuseut.com

Office Use
Submittal Date:

Updated 3/26/2019

By **initialing** each box, after reading and completing each section, you agree to comply with **ALL** of these provisions.
If a standard/provision does not apply, mark '**N/A**' rather than initialing.

- Submission of a completed **Business License application** and applicable fee.
- Submission of a completed **Conditional Use Permit** and applicable fee.
- **Site plan drawing** with dimensions and locations of any existing structures on the property as well as property dimensions and setbacks, all existing driveways, landscaping, and parking stalls associated with the site.
- Written and **signed authorization from property owner** to use site/location.
- **Proposed signage** associated with the use in conformance with the Syracuse City Sign Ordinance. Applicants shall not install permanent signs and shall remove all approved temporary signs associated with the use at the conclusion of said use.
- **Restroom/Sanitary Facilities** authorization form signed by Property Owner. (*see attached Restroom Agreement*)
- **Bonding/Insurance** requirements. (*if applicable*)

GENERAL STANDARDS 10.35.050

- The applicant shall locate, operate, and maintain the use in a manner consistent with the **policies of the General Plan and all applicable provisions of City Ordinances and State law.**
- The proposed site **shall be adequate in size and shape to accommodate the use.**
- The proposed site shall be **adequately served by streets** having sufficient width and improvements to accommodate the kind and quantity of traffic the use could reasonably generate. The proposed site, or compliant alternate off site, shall provide **adequate parking** to accommodate vehicular traffic anticipated by the use
- The operation of the use at its proposed location during the requested time period **shall not jeopardize, endanger, or otherwise constitute a menace to public health, safety, or general welfare.**
- The applicant **shall not make any permanent alterations to the site** without the required approvals.
- None of the regulations in this section shall exempt the applicant or operator from any other **required permits, such as health department permits.**
- The **applicant shall ensure clean-up and necessary restoration work in a timely manner**, returning the proposed site to the original condition upon completion of temporary use.
- **Nothing in this Section shall prohibit City sponsored seasonal events**, which could be considered temporary commercial uses, if they receive approval by the City Council.
- **Any other required information as requested by the Land Use Administrator.**

- **Firework sales** are permitted in any professional-office, commercial, or industrial zone from temporary stands or trailers. The sale of fireworks shall be subject to the requirements of the City Ordinances of Health and Fire and Temporary Commercial. The Land Use Administrator or designee may issue a temporary business license for the time period designated for each use, subject to the findings that the commercial use is not a health or safety hazard and conforms to relevant portions of all Syracuse City Ordinances.

I CERTIFY ALL THE INFORMATION ON THIS COMPLIANCE AGREEMENT IS TRUE AND CORRECT.

Applicant Signature: _____ Date: _____

The Land Use Administrator shall review the temporary use permit application for compliance with general standards and applicable regulations set forth in City Ordinance and shall approve, conditionally approve, or deny the application within ten (10) working days. Any person aggrieved or affected by a decision of the Land Use Administrator in denying a temporary business license may appeal to the Planning Commission in writing within ten (10) days after receiving notice of the decision and according to OCC 10.20.120 in this Title. The decision of the Planning Commission shall be final.



Temporary Commercial Sales Restroom Agreement

This form must be kept at vending location at all times

Mobile Food/Sales Vendor Information

Vendor Name: _____

Operating Location: _____
Street City ST ZIP

Business Owner: _____

Owner Phone: _____ On Site Phone: _____

I agree to utilize the restroom facility listed below for all restroom needs. I further agree to wash my hands in the restroom after using the restroom, and to wash my hands a second time at the food service establishment when returning from the restroom. I understand that the restroom must be accessible during all hours of operation.

Signature _____ Date _____

Restroom Information

Property Owner/Company Name: _____

Property Address: _____
Street City ST ZIP

Property Owner/Manager (print): _____

Contact Phone: _____ On Site Phone: _____


Restroom hours: **from:** _____ am/pm **to:** _____ am/pm

I agree to provide restroom facilities for employees and customers of the food vendor listed above. I agree to provide restroom facilities that will also have a hand wash sink with hot and cold running water, soap and a sanitary means to dry hands.

Owner/Manager Signature _____ Date _____

Davis County Board of Health Food Service Sanitation Regulation

5.4.3 Each operator of a mobile food unit or food cart shall provide a signed agreement to use an approved permanent toilet facility that also has a hand wash sink with hot and cold running water, soap and a sanitary means to dry hands. The toilet facility must be readily accessible during all hours of operation. Toilets shall be located within 500 feet of the food cart. A mobile food unit operator must provide a signed agreement to use an approved toilet that also has a hand wash sink with hot and cold running water, soap, and a sanitary means to dry hands, if the mobile food unit is at any one location for 60 minutes or longer.

 <small>SYRACUSE EST. CITY 1995</small>	<h2 style="margin: 0;">Conditional Use Application</h2> <p style="margin: 0;">Syracuse City Community & Economic Development 1979 West 1900 South, Syracuse, UT 84075 801-825-1477 • www.syracuseut.com • planning@syracuseut.com</p>	For Office Use Only Permit # _____												
Permit Type: <i>*Conditional uses are not limited to the following options</i>		Updated 3/26/2019												
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Accessory Structure</td> <td><input type="checkbox"/> Daycare</td> <td><input type="checkbox"/> Model Home</td> <td><input type="checkbox"/> Two-Family Dwelling</td> </tr> <tr> <td><input type="checkbox"/> Apiary</td> <td><input type="checkbox"/> Dog Kennel</td> <td><input type="checkbox"/> Preschool</td> <td><input type="checkbox"/> Wireless Communication</td> </tr> <tr> <td><input type="checkbox"/> Cluster Subdivision</td> <td><input type="checkbox"/> Home Occupation</td> <td><input type="checkbox"/> Temporary Commercial Use</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>			<input type="checkbox"/> Accessory Structure	<input type="checkbox"/> Daycare	<input type="checkbox"/> Model Home	<input type="checkbox"/> Two-Family Dwelling	<input type="checkbox"/> Apiary	<input type="checkbox"/> Dog Kennel	<input type="checkbox"/> Preschool	<input type="checkbox"/> Wireless Communication	<input type="checkbox"/> Cluster Subdivision	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Temporary Commercial Use	<input type="checkbox"/> Other: _____
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Subject Property Location														
Address:		Business or Subdivision Name (if applicable):												
Primary Structure Square Footage:	Lot Size (acres):	Current Zone:												
Structure or Use Square Footage:														
Number of Dogs Currently on Site:		Number of Accessory Uses Currently on Site:												
Present Use of Land:														
Applicant Contact Information														
Name:		Mailing Address (if different from subject property location):												
Phone Number(s):	City:	State: ZIP:												
Email Address:	Relationship to Property Owner													
Property Owner Information (write 'S/A' if same as above)														
Name(s):		Mailing Address (if different from subject property location):												
Phone Number (s):	City:	State: ZIP:												
Email Address:														
Description of Requested Use														

I hereby certify that the requested Conditional Use would comply with all required conditions and standards of the Syracuse Land Use Ordinance, be harmonious with neighboring uses, fit the goals of the City's General Plan, and impose no insatiable demands for public services. I read the City Land Use Ordinance relative to Conditional Uses and understand that submitting this application does not guarantee approval and is subject to the discretion of the City Land Use Authority and compliance with all requirements of Syracuse City Title X. I hereby accept responsibility for meeting all requirements outlined herein, including payment of all fees and attending City Land Use Authority meetings as notified by the Community Development Department, and understand that failure to do so may result in postponement of action by said Authority. I also understand that approval shall not relieve me of the responsibility to comply with applicable local and State zoning, health, building, or fire regulations.

Business/Property Owner Signature	Date	Applicant Signature	Date
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FOR OFFICE USE ONLY																		
Application & Noticing Fees: <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;">\$100</td> <td style="width: 70%;">Application Fee</td> <td style="width: 10%;">\$ _____</td> </tr> <tr> <td>\$ 50</td> <td>Extension/Modification</td> <td>\$ _____</td> </tr> <tr> <td>\$ 20</td> <td>Public Notice Sign</td> <td>\$ _____</td> </tr> <tr> <td>\$ 50</td> <td>Public Noticing Fees</td> <td>\$ _____</td> </tr> <tr> <td colspan="2">Total</td> <td>\$ _____</td> </tr> </table>		\$100	Application Fee	\$ _____	\$ 50	Extension/Modification	\$ _____	\$ 20	Public Notice Sign	\$ _____	\$ 50	Public Noticing Fees	\$ _____	Total		\$ _____	Conditions of Approval: <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>	
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\$ 50	Public Noticing Fees	\$ _____																
Total		\$ _____																
Paid:	Received by:	Receipt #:																
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check# _____ Approved: _____ Date: _____																		

Conditional Use Permits are not valid until application fees are submitted and Conditional Use(s) are approved and signed by Planning Department staff, once approved a copy will be provided to the applicant.

Applicant to read and check each box to acknowledge an understanding of all requirements:

- ☐ Complete and sign Conditional Use Permit application form
- ☐ Pay application and any applicable noticing or mailing-list generation fees
- ☐ Provide scaled drawings of site plan and any other applicable drawings
- ☐ Acquire an approved Building Permit after conditional use approval, if applicable

Scaled Drawings

Site plans shall be drawn to not less than 1 inch equaling 40 feet and include the following, when applicable:

- ☐ **Name, address, and phone number** of property owner as well as engineer or agent
- ☐ **Boundaries and dimensions of property**, with adjacent **public street(s)** identified, and measurements of **setbacks** and **distances** between, and **dimensions** of, existing and proposed structures on site as well as existing structures, 200 square feet or greater, within 50 feet on adjacent properties
- ☐ **Easements**, existing and proposed.
- ☐ **Required landscaping, open space, or park space**
- ☐ **Off-street parking**-location, layout and number of stalls
- ☐ **Fences or walls**-location and height

In addition to the required Site Plan, some conditional use applications require the following information:

Accessory Structures:

- ☐ Elevation drawing that shows exterior materials/color of design finish for both proposed structure and home, roof structure and its height from top of wall plate to peak, and measurement(s) of wall height(s); square footage of rear yard (width x depth from back of home to rear property line); and proposed use of structure.
- ☐ Approvals from utility companies to encroach into recorded public utility easement, if applicable

Apiary:

- ☐ Location and number of hives and the dedicated water source.
- ☐ Flyways if any colony is situated within 25 feet of any property line and the yard is not contained with a 6'solid fence.

Cluster Subdivision:

- ☐ Home Owners Association bylaws for maintaining open space, landscaping plan, and building-design standards

Daycare:

- ☐ Proposed number of children at the residence
- ☐ Provide proof of licensure from the Utah Department of Health, Bureau of Licensing, obtain a Syracuse City Business License.
- ☐ Provide a criminal background clearance for all employees and persons residing in the home age 18 or older.
- ☐ Floor Area-include location and dimensions of proposed use and applicable storage.

Dog Kennel:

- ☐ Provide proof of licensing for each dog from Davis County Animal Control
- ☐ Location of all pens, runs, shelters, or similar structures housing dogs.
- ☐ Location of all neighboring or abutting dwellings

Home Occupation:

- ☐ Please refer to the Home Occupation Compliance Standards and Agreement

Model Home:

- ☐ Exterior lighting plan indicating location, direction and timing of all lighting on the site.
- ☐ Signage plan indicating the size and location of all signs, flags and banners.
- ☐ Hours of Operation

Preschool:

- ☐ Proposed number of children and sessions per week
- ☐ Floor Area-include location and dimensions of proposed use and applicable storage.

Temporary Commercial Uses:

- ☐ Identification of all lots owned by applicant within subject subdivision
- ☐ Proposed signage in accordance with Syracuse City Sign Ordinance Regulations
- ☐ Written authorization from property owner
- ☐ Explanation of sanitary facilities
- ☐ Bonding/Insurance requirements

Two-Family Dwellings:

- ☐ Elevation drawings showing type of material and design finish of proposed home

Wireless Communication:

- ☐ Please refer to the Syracuse City Code for specific requirements.

DISCLAIMER: The City is providing the following information as a service to those applying for conditional use approvals. No one shall consider these guidelines as comprehensive. In the event of conflicts or discrepancies between this document and City Ordinances or State or Building Codes, the more strict rules shall apply.

NOTE: Applicant shall furnish the information on this form for purposes of identification and expediting the request in full knowledge that it may become public record pursuant to provisions of the Utah State Government Records Access and Management Act (GRAMA). Use of this information will be only for necessary completion and execution of the requested transaction. If applicant so chooses not to supply any requested information, applicant accepts the additional time in processing or inability to process the application at all. If applicant is an "at-risk government employee" as defined in Utah Code Ann. § 63-2-302.5, please inform a member of the Department staff upon submission of the application. Syracuse City does not currently share any private, controlled, or protected information with any other person or government entity. See Title X for complete guidelines and requirements of Conditional Uses. City staff will not process, or forward to Planning Commission, incomplete applications.