

Payson City  
439 West Utah Avenue  
Payson, UT 84651 (801) 465-5267



Application for a  
Commercial Business License  
**CONCEPT PLAN REVIEW**

Review Fee: \$10.00 (15-1)

**FOR OFFICE USE ONLY**

**Application Date:** \_\_\_\_\_

**Utilities Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Valid Account Address       Not Valid Account Address

**Zoning Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Allowed Use       Non-permitted Use      Complies with Parking Standards  Yes  No

**Applicant Contact Date:** \_\_\_\_\_

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

**Proposed Business Address:** \_\_\_\_\_

**Proposed Business Information** (*provide a written description and site plan*):

Description of Proposed Business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Plan: Provide a graphic representation of the proposed business location. Include parking, adjacent buildings and label streets. If the proposed business is either an office space or unit of an overall building provide the floor plan along with the site plan.

**Applicant Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home # (\_\_\_\_\_) \_\_\_\_\_ Work # (\_\_\_\_\_) \_\_\_\_\_

Cell # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**If leasing or renting property:**

Owner's Name (Please Print): \_\_\_\_\_

Owner's Signature: \_\_\_\_\_

**Current Zoning of the property** (see official zone map): \_\_\_\_\_

**Applicant Certification**

I certify under penalty of perjury that this application, and all information submitted as a part of this application, is true, complete and accurate to the best of my knowledge. I also acknowledge that I have reviewed the Payson City Business License Ordinance and that items contained in this application are submitted as conceptual at this time and a Business License application will need to be submitted following the zoning approval of the concept plan. I agree to comply with any and all applicable City Ordinances in effect at this time. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that Payson City may rescind any approval, or take any other appropriate legal action. I also agree to allow the staff, Planning Commission or City Council or appointed agent(s) of the City to enter the subject property to make any necessary inspections thereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_