



Receipt # _____
 License #: _____
 Date Issued: _____

Business License Application
 Washington Terrace City
 Business License Department
 5249 S 400 E, Washington Terrace, UT 84405
 Phone: (801) 393-8681

Renewal New Business New DBA Name New Owner New Location

Business Information: (Please print legibly)

Business Name: _____ DBA: _____
 (As it will appear on business license)

Business Address: _____ Washington Terrace, UT 84405

Mailing Address: _____ City: _____ State: _____ Zip: _____
 (This is where all licenses and notices will be sent)

Business Phone: _____ Alternate Phone: _____ Email: _____

Type of organization: Corporation Limited Liability Company Limited Liability Partnership Partnership
 Individual/Sole Proprietorship Other _____

Individual/Sole Proprietor Name: _____ DOB: _____ Social Security #: _____

Name of LLC, LLP or Corporation: _____

Name of registered Agent for LLC, LLP, or Corporation: _____

Registered Agent Mailing Address: _____
 City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Property Owner Name: _____ Phone Number: _____

Mailing Address: _____ State: _____ Zip: _____

Emergency Contact: _____ Phone: _____

Description of Business: _____ Number of Employees: _____

State Sales Tax #: _____ Other State License #'s: _____

(*NOTE: ALL BUSINESSES WHICH ARE REQUIRED TO HAVE A STATE SALES TAX NUMBER MUST PROVIDE A COPY OF THE CERTIFICATE TO THE CITY (Form TC-69) AND MUST REPORT TO THE STATE TAX COMMISSION THAT WASHINGTON TERRACE CITY IS THE POINT OF SALE. LICENSES WILL NOT BE ISSUED WITHOUT THIS DOCUMENT.)

Business Licensing Fees	
Base License Fee	_____
<i>(See Fee Schedule)</i>	
Late Fees	_____
Total Due	_____
Please call (801) 395-8285 for assistance in calculating fees.	

Business Licensing is governed and conducted in accordance with the Washington Terrace City Municipal Code Title 5, "Business Licensing". As the Business Owner/Authorized Representative, I understand that I am responsible to notify the City of any changes relating to the information provided on this application within 10 business days of the change. Business Licenses are non-transferable and are considered pending until final approval. I (Owner/Authorized Representative), _____, hereby agree to conduct business strictly in accordance with the laws and ordinances covering such business and swear under penalty of law that the information herein is true.

Applicant/Authorized Representative _____ Date _____

<input type="checkbox"/> Approval <input type="checkbox"/> Denied	By: _____	Date: _____
Mayor's Approval:	_____	Date: _____
Fire Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed: _____	
Building Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed: _____	



WASHINGTON TERRACE FIRE / RESCUE
INSPECTION DIVISION
4601 SOUTH 300 WEST
WASHINGTON TERRACE, UT 84405

Business: (801) 648-9456 or (801) 393-6349 **Emergency: 911** Fax: (801) 395-7923

November 1, 2019

Washington Terrace Business Owner
Washington Terrace, UT 84405

Dear Business Owner;

The Washington Terrace Fire Department, Inspection Division has implemented a fire and life safety self-inspection program to improve overall fire and life safety in our community. The attached self-inspection form will be used to supplement our already existing Fire Prevention Program and help your business to maintain code compliance and safe environment. The form is required and is a vital component for the city's ISO rating.

Please read the instructions on the enclosed self-inspection form and complete all three pages. Please sign and date the self inspection form and **return it with your business license renewal to City Hall. All businesses must complete the inspection, including rental units.**

LICENSES WILL NOT BE ISSUED UNTIL A SELF-INSPECTION FORM HAS BEEN TURNED IN. LATE FEES WILL APPLY.

The Washington Terrace Fire Department will continue to conduct on-site inspections of businesses within the city. These inspections will be conducted randomly. Currently, it is not practical for fire department personnel to annually inspect every business in the city. However, our goal is to reach every business over the next few years. It is our hope to have all of the businesses within the city of Washington Terrace in compliance with fire safety codes.

If you have any questions concerning this self-inspection form, please feel free to contact the fire department at **(801) 648-9456 or (801) 393-6349**.

Respectfully

Clay Peterson
Fire Chief



**WASHINGTON TERRACE FIRE / RESCUE
INSPECTION DIVISION
4601 SOUTH 300 WEST
WASHINGTON TERRACE, UT 84405**

**Business: (801) 393-6349 Emergency: 911 Fax: (801) 395-7923
Email: c.peterson@washingtonterracecity.org**

FIRE AND LIFE SAFETY SELF-INSPECTION WORKSHEET

INSTRUCTIONS:

1. Please complete this first page completely, include the business phone number, number of employees and emergency contact information. This is very important to keep this information updated.
2. Next, walk through your business/rental property or properties with the worksheet. Respond to all questions by checking YES, NO, or N/A (Not Applicable).
3. All NO answers indicate unsatisfactory conditions requiring attention. A comment on each NO answer must be made on page 3 indicating action to be taken to correct the problem and the anticipated completion date. If you are renting or leasing a commercial space and your lease requires the Owner to make the corrections, you must advise him/her of the problem(s) immediately. Please include the Owner's name, address, and telephone number(s) in the comments section. **NOTE: *It is your responsibility to see that the corrections are made.***

If you need assistance please email: c.peterson@washingtonterracecity.org

Business Name or Owner's Name on Rental Property: _____
Type of Business: _____
Street Address: _____
Mailing Address: _____
Owner's Name: _____ Owner's Phone Number: _____
Number of Employees: _____ Business Phone Number: _____
Email of Business: _____ Email for Owner: _____

Whom may we contact after hours, in case of emergency?

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Insurance Carrier: _____ Phone Number: _____

What, if any, hazardous or flammable/combustible materials are stored on site?

NONE: <input type="checkbox"/>	<u>TYPE</u>	<u>QUANTITY/GALLONS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXTERIOR QUESTIONS:	YES	NO	N/A
1. Are address numbers at least 4 inches high?			
2. Are address numbers in contrasting colors?			
3. Are address numbers visible from the street?			
4. Are Fire Lanes marked, maintained, and unobstructed at all times?			
5. Is the dumpster kept at least 10 feet away from the building?			
6. Is the dumpster emptied regularly?			
7. Are gas/electric meters and shut offs accessible?			
8. Are gas/electric meters protected?			

INTERIOR QUESTIONS:	YES	NO	N/A
1. Are all exit doors unlocked during business hours?			
2. Are all exits accessible and clear of obstructions at all times?			
3. Can exit doors be opened from the inside without a key or any special knowledge or effort?			
4. Are all lighted Exit signs and/or emergency lighting working properly?			
5. Is all stock and storage at least 2 feet from the ceiling?			
6. Is all stock and storage at least 4 feet from heating devices (furnace or water heater)?			
7. Is all stock and storage out of the aisles, stairways and exit paths?			
8. Is all stock and storage 18" below ceiling in sprinklered buildings?			
9. Is all debris and combustible waste disposed of properly?			

ELECTRICAL QUESTIONS:	YES	NO	N/A
1. Is there 3 feet of clearance around electrical panels?			
2. Are all electrical circuits, breakers, and fuses labeled so that they can be identified?			
3. Are all electrical outlets, switches, and junction boxes covered?			
4. Are all electrical devices properly grounded?			
5. Do all multi-plug adaptors have a self-breaking switch?			
6. Have all extension cords been replaced with permanent wiring?			
7. Have frayed, worn, or spliced electrical wires been replaced?			

FIRE PROTECTION QUESTIONS:	YES	NO	N/A
1. Do you have at least one fire extinguisher rated at a minimum of 2A, 10BC?			
2. Do you have enough fire extinguishers so that you do not have to travel more than 75 feet to access one?			
3. Have all extinguishers been inspected, tagged, and serviced within the past year by a certified service company?			
4. Are all fire extinguishers mounted so that the top of the extinguisher is no more than 5 feet above the floor?			
5. Are all fire extinguishers visible and readily accessible for use?			
6. Do all of your smoke/heat detector(s) work properly?			
7. Has your sprinkler system or hood system been inspected, tagged, or serviced within the past year?			

MISCELLANEOUS:	YES	NO	N/A
1. Are compressed gas cylinders/bottles secured to the wall with caps in place and tightly closed?			
2. Are all holes in walls and ceilings patched?			
3. Are all ceiling tiles in place?			
4. Are all ceiling tiles in good condition?			
5. Do you have portable gas fired heating appliances?			

Thank you for taking the time to complete this self-inspection worksheet.

COMMENTS AND/OR CORRECTIVE ACTIONS:

I certify that I have conducted a fire and life safety self-inspection at the address(es) listed on this form and that the responses listed on the worksheet are correct.

Signature of Responsible Party _____

Printed Name of Responsible Party _____

Date _____

Please select your preferred day of the week and time for a final inspection (if required).

	Monday		Morning		Afternoon
	Tuesday		Morning		Afternoon
	Thursday		Morning		Afternoon
	Friday		Morning		Afternoon

Dates will be assigned for final inspections within 30 days of the return of this form (if required).

The final inspection process may be required prior to business license renewal at the first of the year.



Weber County Sheriff's Office
721 West 12th Street
Ogden, UT 84404
(801) 778-6661

HELP US PROTECT YOUR BUSINESS:

Please fill this out (legibly) and return it to the City of Washington Terrace with your business license renewal. The purpose of this form is to have an after-hours contact for your business (even rental properties) in case of an emergency:

Business Name	Business Phone Number	Business Address in WTC
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Contact Names & Phone Number (After Hours):

1.

2.

3.

Does your business have an AED (Automated External Defibrillator) on site? Yes () No ()
And if yes, the location of the AED: (Example - 2nd floor west hallway at the end)

If business has an alarm, please provide the alarm company's name and phone number:

Is there hazardous conditions/chemicals/or other pertinent information:

Would you like to receive the quarterly Weber County Sheriff's Office Business Watch Newsletter by email? Yes () No ()

Email address:
