



RENTAL DWELLING LICENSE APPLICATION

Customer Service Center • 55 South State Street • Clearfield, UT 84015
Phone: (801) 525-2701 • Fax: (801) 525-2865 • www.clearfieldcity.org

RENTAL DWELLING LICENSE INFORMATION

License Status (check all that apply): New License Name Change Ownership Change
State Registration: DBA Sole-Proprietor Limited Liability Corporation
 Non-Profit Partnership

APPLICATION DATE: _____

RENTAL LICENSE NAME: _____ **DBA:** _____

Has this name been registered with the State of Utah, Commerce Department? Yes No **Registration #:** _____
If using a business name, please apply at <https://corporations.utah.gov>. Registration is not required if using first and last name.

RENTAL LOCATION: Address: _____ Unit #: _____

If licensing more than one property, please list the additional rental properties on the second page of this application.

CONTACT/MAILING INFO: Address: _____ Suite #: _____
City, State, Zip: _____
Contact Person Name: _____ Phone: _____
Contact Email Address: _____

IF APPLICANT IS A SOLE-PROPRIETOR, PLEASE COMPLETE THIS SECTION

Owner Name: _____ Date of Birth: _____
Owner Address: _____ Driver's License #: _____ State _____
City, State, Zip: _____
Primary Phone: _____ Alternate Phone: _____
Email Address: _____

IF APPLICANT IS A CORPORATION/PARTNERSHIP/LIMITED LIABILITY, PLEASE COMPLETE THIS SECTION:

Corporate Name: _____
Corporate Officers/Partners/Members: 1. _____ 2. _____
3. _____ 4. _____
Corporate Address: _____
City, State, Zip: _____
Licensing Officer/Contact Name: _____ Phone: _____
Email Address: _____

APPLICANT'S AGREEMENT

These forms including any supplemental applications are for a rental dwelling license. The actual license will be issued only when the licensee is found to be in compliance with all local, state, and federal building codes and zoning ordinances and all inspections are completed and approved by the necessary City departments. Missing or incomplete information on this application may significantly increase approval time.

It is unlawful for any person to engage in business within the city without first obtaining a license. (Clearfield City Code 4-1-4)

Business licenses (and Rental Licenses) shall not be transferred from one person to another. (Clearfield City Code 4-1-12)

I, the undersigned, hereby agree to conduct said business strictly in accordance with all Clearfield City codes governing such business, and swear under penalty of law that the information contained herein is complete, truthful and accurate to the best of my knowledge and current belief. I understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. I also acknowledge the responsibility to renew the Clearfield City business license, which shall be valid for a period of twelve months from the date of issuance, and must be renewed on an annual basis to remain valid. If the renewal fee, plus any disproportionate fee due, is not paid within 45 days after expiration, a penalty fee of 50% of the total amount due shall be imposed and shall become part of the license fee.

Applicant Signature: _____ **Date:** _____

Please Print Your Name: _____

ADDITIONAL INFORMATION FOR RENTAL DWELLING LICENSE

NEW RESIDENTIAL RENTAL LICENSE FEE:

Good Landlord Participant \$30.00 or Non Participant \$190.00: \$ _____

DISPROPORTIONATE SERVICE FEE:

Good Landlord Participant

Single-Family Units / \$7.00 per X _____ unit(s): \$ _____

Duplex Units / \$3.00 per X _____ unit(s): \$ _____

3/4 Plex Units / \$9.00 per X _____ unit(s): \$ _____

Multi-Family Units / \$7.00 per X _____ unit(s): \$ _____

Mobile Home Units / \$7.00 per X _____ unit(s): \$ _____

Non Good Landlord Participant

Single-Family Units / \$66.50 per X _____ unit(s): \$ _____

Duplex Units / \$12.50 per X _____ unit(s): \$ _____

3/4 Plex Units / \$92.00 per X _____ unit(s): \$ _____

Multi-Family Units / \$67.00 per X _____ unit(s): \$ _____

Mobile Home Units / \$49.50 per X _____ unit(s): \$ _____

TOTAL DUE: \$ _____

Please attach a copy of the **Property Information Form & Fit Premises Questionnaire** for each rental dwelling unit.

I have been informed of the Good Landlord Program and I DO* _____ or DO NOT _____ wish to participate at this time.

**Applicants who desire to participate in the city's good landlord program shall also complete and submit the Good Landlord Program Agreement. (A copy of this agreement can be obtained in the Community Development Department.)*

New applicants of the Good Landlord Program must obtain and submit a copy of the certificate showing attendance and completion of the Good Landlord training. This must be submitted to our office within 6 months of approval.

CERTIFICATE #: _____ DATE OF ATTENDANCE: _____ LOCATION OF CLASS: _____

If licensing more than one rental property, please list address and unit # below:

RENTAL LOCATION: Address: _____ Unit #: _____

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OFFICE USE ONLY

Planning Division: _____ Approved _____ Denied _____ Date _____
Building Division: _____ Approved _____ Denied _____ Date _____
Licensing Officer: _____ Approved _____ Denied _____ Date _____
Land Use Zone: _____ Conditional Use Permit Required? Yes No
Site Plan Required? Yes No
Health Dept Approval? Yes No N/A
Reason/Comments: _____

Receipt #: _____
Received By: _____ Date: _____
Amount: _____
Type of Payment:
 Cash Check # _____ Credit Card
License #: _____

