



**CITY OF FARMINGTON**  
**2018 BUSINESS REGISTRATION**

**NEW BUSINESSES: Please complete entire form and sign at the bottom.**

Business Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Website Address \_\_\_\_\_

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

Nature of Business \_\_\_\_\_

Is this business organized as: Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_

List the full name, residence address, and phone number of all owners/proprietors/partners and/or officers of this business:

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is this business required to be licensed under city code? Yes \_\_\_ No \_\_\_

Does this business require a state, county or federal license/certificate? Yes \_\_\_ No \_\_\_

(Attach a copy of license/certificate and indicate under which law)

List ALL standard industrial classification numbers of all processes conducted within the City:

\_\_\_\_\_

**The following information is requested for use in providing police and fire services:**

Do you have an alarm system? Yes \_\_\_ No \_\_\_ Type: Burglar \_\_\_ Hold Up \_\_\_ Fire \_\_\_

Name/address of alarm company \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have after hours lighting? Yes \_\_\_ No \_\_\_ Location \_\_\_\_\_

What are your hours of operation? From \_\_\_\_\_ To \_\_\_\_\_

Do you have an after hours cleaning crew? Yes \_\_\_ No \_\_\_

If yes, Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Hours in Building: From \_\_\_\_\_ To \_\_\_\_\_

Location of safe: \_\_\_\_\_

**Closest Key Holder to Notify:** \_\_\_\_\_ Cell: \_\_\_\_\_

Home phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Second Key Holder:** \_\_\_\_\_ Cell: \_\_\_\_\_

Home phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Title of Applicant**

\_\_\_\_\_  
**Date**



**2018 BUSINESS DIRECTORY INFORMATION**

All Farmington businesses who have a current Business Registration with the City of Farmington are listed on the City's Business Directory on [www.farmgov.com](http://www.farmgov.com).

Included in the directory is your business name, location, phone number, website, a description of your business, and a picture (if you choose).

Please circle the category that best describes your business.

<u>Health &amp; Beauty</u>	<u>General Services</u>	<u>Food</u>
<u>Retail</u>	<u>Financial &amp; Real Estate</u>	<u>Professional Services</u>

Please provide one line of text about your business to be included in the directory:

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If you would like a picture displayed with your business information please email the photo, in JPEG format, to either [mmullison@farmgov.com](mailto:mmullison@farmgov.com) or [jtomlinson@farmgov.com](mailto:jtomlinson@farmgov.com).

Feel free to contact the Clerk's office with any updates you may have to your business information throughout the year.

## CHAPTER 7

### BUSINESS LICENSE, PERMIT AND REGISTRATION FEES

#### REGISTRATION FEES:

*****	Per Business (each location) (Unless Chapter 7 establishes a specific fee)	Annual	\$50.00
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#### LICENSING/PERMIT/REGISTRATION FEES:

*****	Establishment offering alcohol (Sec. 3.26-3.37)	Application (see Ch. 3 of fee schedule) Annual	\$125.00
*	Kennel License (Sec. 5.81-5.82)	Annual	\$75.00
*****	Massage Facility (Sec. 18.26-18.31)	Application Annual	\$300.00 \$250.00
****	Precious Metal and Gem Dealers (Effective November 18, 2013)	Application Annual	\$50.00 \$50.00
*****	Solicitors (Annual application required) For daily registration (Sec. 22.4-22.9)	Application Daily Annual	\$25.00 \$15.00 \$125.00

#### NOTE: \*\*\*\*\*

1. Delinquent penalty of 20% will be levied after due date.
2. Registrations in the last quarter of the year will be applied to the following year as well

\* Amended 7-1-98

\*\* Amended 6-18-01

\*\*\*\* Amended 10-22-13

\*\*\*\*\* Amended 8-20-18