



1979 West 1900 South Syracuse, Utah 84075
Phone (801) 825-1477 FAX (801) 825-3001

Business License Application Commercial

Name of Business _____ Business phone No. _____
Business Address _____ SSN _____
Mailing Address _____ Federal ID No. _____
City _____ State _____ Zip _____ Sales Tax # _____
Birth Date _____ Driver License # _____ State _____ Contractor # _____
Property Owner Name _____ State Business Registration # _____
Address _____ Registration Date _____
City _____ State _____ Zip _____ New Business
of Employees _____ Bldg. Sq. Ft. _____ Frontage _____ New Owner
Opening date of business _____ New Location

TYPE OF ORGANIZATION: (circle one) Corporation Partnership Proprietorship LLC

Corporate Agent for the Business _____
Address _____ Email _____
City _____ State _____ Zip _____ Phone Number _____

DESCRIPTION OF BUSINESS _____

This is an application for a business license; the license will be issued after department approvals are given and the business license fee is paid. Issuance of the business license shall not relieve applicant of the responsibility to comply with applicable zoning, health, building, or fire regulations.

I/We, _____ hereby certify the information provided is correct and agree to release information regarding this application and further agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business.

Date _____ Signature _____

<u>Dept. Approval</u>	<u>Initial</u>	<u>Date</u>	<u>Comments</u>
Planning	_____	_____	_____
Building	_____	_____	_____
Police	_____	_____	_____
Fire	_____	_____	_____

Application Fee	\$25.00	Date Paid _____	By _____
Business License Fee	\$ _____	Date Paid _____	By _____