



Syracuse City

1787 South 2000 West, Syracuse UT 84075
Telephone: (801) 825-1477 Fax: (801) 825-3001

Business License Application

Name of Business _____ Business phone _____

Business Address _____ SSN# _____

Mailing Address _____ Federal ID No. _____

City _____ State _____ Zip _____ Sales Tax # _____

Birth date _____ Driver License # _____ State _____ Contractor # _____

Property Owner Name _____ New Business _____

Address _____ New Owner _____ ← Check all that apply

City _____ State _____ Zip _____ New Location _____

of Employees _____ Bldg. Sq Ft. _____ Frontage _____

Opening Date of business _____

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

Corporate Agent for the Business _____

Address _____

City _____ State _____ Zip _____

DESCRIPTION OF BUSINESS _____

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

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

Date _____ Applicant Signature _____

Dept. Approval	Initial	Date	Comments
Zoning	_____	_____	_____
Building	_____	_____	_____
Police	_____	_____	_____
Fire	_____	_____	_____

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