
HOME OCCUPATION BUSINESS LICENSE APPLICATION

CHECKLIST PRIOR TO SUBMITTAL

- 1. Complete Application **(REQUIRED)**
- 2. Property Owner Affidavit or Lease Agreement **(REQUIRED)**
- 3. Nonrefundable fees **(REQUIRED)**
- 4. Copy of Utah State Department of Commerce business name registration **(FORM REQUIRED)**
- 5. Copy of State of Utah Sales Tax ID number, if applicable **(FORM REQUIRED)**
- 6. Copy of Federal EIN ID number **(FORM REQUIRED)**
- 7. Copy of Occupational or Professional Licenses, if applicable
- 8. Copy of Salt Lake County Health Department Approval, if applicable
- 9. Copy of Department of Agriculture Approval, if applicable

CHECKLIST AFTER SUBMITTAL

- 10. On-site inspections are required for home daycare businesses prior to any license being granted. It is the applicant's responsibility to schedule an inspection with the South Salt Lake Building Department and the South Salt Lake Fire Marshal. Applicants are responsible for conformance with all applicable city, county, or state codes.

**** ONLY COMPLETE APPLICATIONS WITH REQUIRED DOCUMENTS WILL BE ACCEPTED ****

Submitting a business license application does not authorize the applicant to conduct business. Conducting business without an approved business license constitutes a Class C Misdemeanor.

It is the applicant's responsibility to provide a complete application and obtain all applicable city, county, or state code approval requirements. Upon notice from the City that your application is incomplete you will have thirty (30) days to correct any problems and/or provide any missing information or payments. Notice of an incomplete application constitutes a denial of your application by the City. All application fees are nonrefundable. Any denial requires submittal of a new application including payment of all costs and fees. At the City's discretion denial of your application may result in your inability to resubmit an application for up to six months. Any denial may be appealed to the Administrative Law Judge pursuant to applicable procedures in the City Code.



HOME OCCUPATION BUSINESS LICENSE APPLICATION

Community Development Department
 220 East Morris Avenue Ste 200
 South Salt Lake City, UT 84115

Application For: New Business Change of Ownership New Location

1. BUSINESS NAME AND ADDRESS				
BUSINESS NAME			BUSINESS TELEPHONE	
DBA		EMAIL ADDRESS		
BUSINESS STREET ADDRESS	SUITE OR UNIT	CITY	STATE	ZIP
BUSINESS MAILING ADDRESS (IF DIFFERENT)		CITY	STATE	ZIP
UTAH STATE SALES TAX #	EIN	UTAH DOPL LICENSE #		

2. BUSINESS OPERATIONS	
DESCRIBE YOUR BUSINESS OPERATIONS IN DETAIL:	
LOCATION OF BUSINESS IN HOME:	
WILL CUSTOMERS COME TO THE HOME? _____ YES _____ NO	WILL YOUR BUSINESS HAVE OUTDOOR STORAGE? _____ YES _____ NO
DO YOU HAVE ANY COMMERCIAL BUSINESS VEHICLES PARKED AT YOUR HOME? _____ YES _____ NO	HOW MANY EMPLOYEES DO YOU HAVE AT YOUR BUSINESS? _____

3. BUSINESS OWNER AND RESPONSIBLE PARTY INFORMATION			
BUSINESS OWNER(S) AND DATE(S) OF BIRTH (ATTACH ADDITIONAL PAGES IF NECESSARY)	ADDRESS		
	CITY	STATE	ZIP
TELEPHONE	EMAIL		
BUSINESS OWNER(S) AND DATE(S) OF BIRTH	ADDRESS		
	CITY	STATE	ZIP
TELEPHONE	EMAIL		

4. PROPERTY OWNER INFORMATION	
FEE TITLE OWNER:	
**MUST MATCH SALT LAKE COUNTY ASSESSOR MAP – SLCO.ORG/ASSESSOR/MAPS	
IF FEE TITLE OWNER IS A COMPANY, NAME OF REGISTERED AGENT:	
TELEPHONE	EMAIL
MUST PROVIDE <u>ONE</u> OF THE FOLLOWING TO SHOW PROPERTY OWNER CONSENT:	
PROPERTY OWNER AFFIDAVIT SIGNED & NOTARIZED ** INSTRUCTIONS & BLANK FORM ATTACHED IN APPLICATION PACKET ** <input type="checkbox"/> YES	<input checked="" type="checkbox"/> OR PROVIDE COPY OF A SIGNED LEASE AGREEMENT LISTING THE BUSINESS NAME AND UNIT ADDRESS AS SHOWN IN THIS APPLICATION <input type="checkbox"/> YES

This is to certify that I am making an application for the described action by the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name, and I am the party with whom the City should communicate regarding any matter pertaining to this application. The documents and/or information I have submitted are true and correct to the best of my knowledge. I understand that my application is not deemed complete until all application requirements have been met, including the payment of any applicable fees, deposits, and/or bonds.

Signature: _____ Print Name: _____ Date: _____

OFFICE USE ONLY	DATE RECEIVED	LICENSE FEE	<input type="checkbox"/> PRORATED # OF MONTHS LEFT _____	LICENSE TYPE
	LICENSE #	RECEIPT #		
	ZONING APPROVAL	DATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> RMITTED USE
	CURRENT ZONE:		NOTES	
	BUILDING APPROVAL	DATE	NOTES	
	FIRE APPROVAL	DATE	NOTES	

**INSTRUCTIONS ON HOW TO FILL OUT THE
PROPERTY OWNER AFFIDAVIT FORM**

(BLANK FORM ATTACHED NEXT PAGE)

PROPERTY OWNER'S AFFIDAVIT ←

I/we **FEE TITLE OWNER**, being duly sworn, depose and say that I/we am/are the current owner of the property involved in this application: that I/we have read the application and attached plans and other exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my personal knowledge.

Owner's Signature

Owner's Signature (co-owner if applicable)

Subscribed and sworn to before me this ____ day of _____ 20 ____.

Notary Public

Residing in Salt Lake County, Utah

My commission expires: _____

AGENT AUTHORIZATION ←

I/we, **FEE TITLE OWNER**, the owner(s) of the real property located at **BUSINESS ADDRESS**, South Salt Lake City, Utah, do hereby appoint **TENANT BUSINESS NAME** as my/our agent to represent me/us with regard to this application affecting the above described real property located in the city of South Salt Lake, and authorize **TENANT BUSINESS NAME** to appear on my/our behalf before any City Board or Commission considering this application.

Owner's Signature

Owner's Signature (co-owner if applicable)

On the ____ day of _____, 20 ____, personally appeared before me _____ the signers(s) of the above Agent Authorization who duly acknowledged to me that they executed the same.

Notary Public

Residing in Salt Lake County, Utah

My Commission expires: _____

FILL THIS SECTION OUT IF:

YOU ARE THE OWNER AND YOU ARE OCCUPYING THE ADDRESS

FILL THIS SECTION OUT IF:

YOU ARE THE OWNER AND YOUR TENANT IS OCCUPYING THE ADDRESS

**** FEE TITLE OWNER:**

**MUST MATCH SALT LAKE COUNTY ASSESSOR MAP –
SLCO.ORG/ASSESSOR/MAPS**

