

NEW BUSINESS INFORMATION

Copies of the following may be required with your completed application, in addition to nonrefundable fees:

- | | |
|--|--|
| <input type="checkbox"/> Lease agreement or Property Owner Affidavit | <input type="checkbox"/> Department of Agriculture approval |
| <input type="checkbox"/> Business Name Registration or DBA | <input type="checkbox"/> Mt Olympus Improvement District approval |
| <input type="checkbox"/> State Sales Tax License | <input type="checkbox"/> Motor Vehicle Enforcement Division approval |
| <input type="checkbox"/> Federal Tax ID Number/EIN | <input type="checkbox"/> Department of Alcohol Beverage Services license |
| <input type="checkbox"/> Occupational or Professional license | <input type="checkbox"/> Federal, state, local background check results |
| <input type="checkbox"/> SL County Health Department approval | |

- **Business Name and State Sales Tax License**
OneStop Business Registration
<https://corporations.utah.gov/online-business-registration>
(801) 530-4849
- **Federal Tax Id Number/ Employer Identification Number (EIN)**
<https://www.irs.gov/businesses>
(800) 829-4933
- **Department of Professional Licensing (DOPL)**
<https://dopl.utah.gov/>
(801) 530-6628
- **Salt Lake County Health Department**
<https://slco.org/health/permits/>
(385) 468-4100
- **Utah Department of Agriculture and Food**
<https://ag.utah.gov/>
(801) 982-2200
- **Mt Olympus Improvement District**
<https://mtoid.org/engineering-inspections/>
(801) 262-2904
- **Motor Vehicle Enforcement Division (MVED)**
<https://mved.utah.gov>
(801) 297-2600
- **Utah Department of Alcoholic Beverage Services (DABS)**
<https://abs.utah.gov/>
(801) 977-6800

- **Utah Department of Public Safety – Bureau of Criminal Identification (BCI)**
www.bci.utah.gov
(801) 965-4445
- **Federal Background Check**
<https://www.edo.cjis.gov/#/>
(304) 625-5590
- **South Salt Lake Police Department**
<https://sslc.gov/246/Police>
(801) 412-3600
- **South Salt Lake Chamber of Commerce**
<https://www.sslchamber.com/>
(801) 726-0600
- **Unemployment Insurance Employer Information**
<https://jobs.utah.gov/ui/>
(801) 526-9235
- **Workers Compensation Insurance**
<https://laborcommission.utah.gov/divisions/industrial-accidents/employers/employers-guide-to-workers-compensation/>
(801) 530-6800

AFTER APPLICATION

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, and/or state code approval requirements. Notice of an incomplete application constitutes a denial of application.

On-site inspections are required prior to any business license being granted. It is the applicant's responsibility to schedule inspections with:

South Salt Lake Building Department

businesslicense@sslc.gov

(801) 483-6063 – option 3

AND

South Salt Lake Fire Marshal

firepermits@sslc.gov

(801) 483-6043 – option 3

Upon review by the business license official for completeness of application, and a finding by the business license official that: (1) the application is complete; (2) the application complies with ordinances of the City of South Salt Lake; (3) there are no known violations of the laws and ordinances of the City of South Salt Lake, including all conditions of land use approval, the state of Utah, and the United States; and (4) that the business is not delinquent in the payment of any other sum, fee, or fine owed to the City for any reason, the business license official shall issue a business license to the applicant.



BUSINESS LICENSING
220 E Morris Ave, Ste 200
South Salt Lake, UT 84115
(801) 483-6063
businesslicense@sslc.gov

**THIS APPLICATION IS
NOT A LICENSE TO
CONDUCT BUSINESS.**

RESIDENTIAL RENTAL BUSINESS LICENSE APPLICATION

For landlords with one or more rental dwellings within the city limits of South Salt Lake.

SECTION 1: BUSINESS INFORMATION – Please complete all blanks; write N/A if not applicable.

Rental Business Name: _____

Rental Address: _____

Property Owner(s): _____

(The Fee Title Owner individual(s), ownership group, and/or business entity as recorded with the Salt Lake County Assessor.)

Owner Contact Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Number of units at this location: _____ Number of off-street parking stalls at this location: _____

SECTION 2: ADDITIONAL CONTACT – Cannot be left blank.

Contact Name: _____

Mailing Address: _____

Street

City

State

Zip

Phone: _____ Email: _____

Contact Role(s), mark all that apply:

- ☐ Business Owner
- ☐ Property Manager
- ☐ Emergency Contact
- ☐ Authorized Employee
- ☐ Other Officer or Agent

SECTION 3: NOTIFICATIONS AND VERIFICATION OF AUTHORITY

1. This application does not constitute a business license. Incomplete applications will not be processed.
2. Decisions on applications are made based upon the information provided on the application materials, reviews, and inspections performed.
3. Application denial or subsequent license suspension or revocation are most often the result of an inaccurate or incomplete application, failure to update information, and/or non-compliance with the Municipal Code, and/or applicable building, fire, and environmental codes.
4. It is the applicant's responsibility to determine and comply with any requirements from other regulatory agencies.

I affirm that: I am an authorized agent of the owner/group/entity for the business for which application is being made, and that the information on this form and on all application materials is both complete and accurate to the best of my knowledge.

Signature _____

Print Name _____

Date _____

SECTION 4: FEES – Annual rates listed.

License Type	Fees	Reduced Fees for Good Landlord Certification
Single Family Home/ADU	\$375.00 per unit	\$30.00 base + \$30.00 per unit
Duplex or Triplex	\$101.00 per unit	\$40.00 base + \$30.00 per unit
Owner-Occupied Duplex or Triplex	\$60.00 per unit	\$24.00 per unit
Quadplex	\$150.00 + \$151.00 per unit	\$100.00 base + \$30.00 per unit
Apartments (5+ units in a single location)	\$150.00 + \$151.00 per unit	\$125.00 base + \$30.00 per unit
Short-Term Rental (less than 30 days)	\$169.00 base + \$7.00 per unit	N/A

OFFICE USE ONLY	DATE RECEIVED	LICENSE FEE	RECEIPT #
LICENSE #		LICENSE TYPE	
ZONING APPROVAL	DATE	NOTES	
BUILDING APPROVAL	DATE	NOTES	
FIRE APPROVAL	DATE	NOTES	

GOOD LANDLORD PROGRAM APPLICATION

WHAT IS THE GOOD LANDLORD PROGRAM? – South Salt Lake’s Good Landlord Program is a rental license incentive program that is intended to educate landlords on management strategies to prevent crime, maintain equity, and promote compatibility with surrounding neighborhoods. Applicants who are certified through the City’s Good Landlord Program receive a significant reduction in their rental license fees. Certification can be obtained through one of the following organizations:

The Good Landlord, Inc.
801-554-0475
www.thegoodlandlord.net

The Utah Rental Housing Association
801-487-5619
<https://www.rhautah.org/good-landlord>

THE UNDERSIGNED owner or operator (the “Landlord”) of the rental dwellings described below within South Salt Lake (the “City”) desires to participate in the City’s Good Landlord Program. It is understood that the Landlord may receive a discount if the Landlord operates and manages the rental dwelling units in compliance with the Good Landlord program requirements. The Landlord agrees to provide reasonable ongoing access to its rental records and to the rental premises if necessary for the City to make a determination of program compliance.

1. RENTAL NAME AND ADDRESS – Please complete all blanks; write N/A if not applicable.

RENTAL NAME	NUMBER OF UNITS	BUSINESS PHONE	
	EMAIL		
RENTAL ADDRESS	CITY	STATE	ZIP
BUSINESS MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP

2. RESPONSIBLE PARTY INFORMATION – Please complete all blanks; write N/A if not applicable.

BUSINESS OWNER(S)	MAILING ADDRESS		
	CITY	STATE	ZIP
EMAIL	PHONE		
PROPERTY OWNER (IF PROPERTY OWNER IS A COMPANY, ALSO PROVIDE NAME OF REGISTERED AGENT) *	MAILING ADDRESS		
	CITY	STATE	ZIP
EMAIL	PHONE		
PROPERTY MANAGER (OR EMERGENCY CONTACT) NAME(S)			
EMAIL	PHONE		

*Property Owner information must match the business entity as recorded with the Salt Lake County Assessor.

3. LANDLORD AGREEMENT

The Landlord agrees to the following:

1. The Landlord or responsible party has completed the Good Landlord training program once every three years.
2. A written and signed lease is required for every rental dwelling unit.
3. All adult occupants of each rental dwelling unit are required to be listed on the lease.
4. Criminal background checks must be conducted on every adult occupant listed on each lease.
5. The rental dwelling unit(s) are maintained in a fit and habitable condition, as required by State code, and by relevant local, building, fire, and land use codes.
6. Crime Prevention Through Environmental Design (CPTED) is practiced on the premises of the rental dwelling unit(s).
7. All information regarding the Landlord's or responsible party's phone number, email address, and mailing address is kept accurate and up to date, so that the City may communicate any business notices and/or reports regarding inappropriate behavior or other concerns by tenants, occupants, and/or their guests.
8. The Landlord or responsible party will serve notice of eviction within 5 days of receiving notice from the City of a preponderance of evidence that the tenant or tenant's guest have been involved in a criminal act or have maintained a nuisance on the premises.

This is to certify that I am making an application for reduced business license fees via the Good Landlord Program with the City and that I am responsible for complying with all City requirements regarding 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.

Property Owner Signature: _____ **Print Name:** _____ **Date:** _____

Responsible Party Signature: _____ **Print Name:** _____ **Date:** _____

PROPERTY OWNER'S AFFIDAVIT for property located at

Address: _____

Project Name / Business Name: _____

PROPERTY OWNER

I/we _____, being duly sworn, depose and say that I/we am/are the current owner(s) of the property identified in this application and that I/we have read the application and attached 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)

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: _____

AGENT AUTHORIZATION

I/we, _____, the owner(s) of the real property described above, do hereby appoint 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 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: _____



BUSINESS RESPONSIBLE LIST

PLEASE FILL OUT THE FORM COMPLETELY. THIS WILL ALLOW THE POLICE DEPARTMENT TO CONTACT RESPONSIBLE PARTIES IN CASE OF EMERGENCIES.

BUSINESS NAME		BUSINESS TELEPHONE	
BUSINESS STREET ADDRESS	CITY	STATE	ZIP
BUSINESS OWNER NAME	CELL PHONE	HOME PHONE	
	NAME	CELL PHONE	HOME PHONE
1 ST			
2 ND			
3 RD			
4 TH			
NAME		TELEPHONE	
PLEASE INCLUDE ENTRY CODES FOR GATES OR DOORS, OR LOCATIONS OF EMERGENCY KEY BOXES, IF APPLICABLE.			

IF YOUR INFORMATION NEEDS TO BE UPDATED, PLEASE SUBMIT A NEW FORM TO:

**SOUTH SALT LAKE POLICE DEPARTMENT
ATTN: DISPATCH
220 EAST MORRIS AVENUE, SUITE 200
SOUTH SALT LAKE, UTAH 84115**