

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
www.sslc.gov
businesslicense@sslc.gov

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

COMMERCIAL BUSINESS LICENSE APPLICATION

For businesses with a permanent physical location within the city limits of South Salt Lake.

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

Business Name: _____

“Doing Business As”: _____

(Business Name and DBA must be registered with the Utah Department of Commerce unless it is a personal name.)

Business Physical Address: _____

Business Mailing Address: _____

Business Phone Number: _____

Business Email: _____

Website: _____

Utah State Sales Tax License Number: _____

Federal Tax ID Number/ Employer Identification Number (EIN): _____

Occupational or Professional License Number (DOPL): _____

SECTION 2: BUSINESS DETAILS

Sq. ft. of business location: _____

Building/plaza name: _____

Employees FT _____ PT _____

Total parking stalls for business: _____

Total parking stalls for building: _____

Hours of operation: _____

Days of operation: _____

This business will include (check all items that apply):

- ☐ New, additional, or changes to existing structure, electrical, plumbing, and/or mechanical
- ☐ New, additional, or changes to existing sign(s)
- ☐ Sales of tobacco, vape products, and/or alcohol
- ☐ Hazardous materials use and storage
- ☐ Industry discharge(s) other than sanitary wastewater
- ☐ Seasonal use only

SECTION 3: BUSINESS DESCRIPTION – Continue on separate page if more space is needed.

SECTION 4: OWNERSHIP & CONTACTS – Every application must have an owner and an emergency contact.

Contact Name: _____	Contact Role(s), mark all that apply: <input type="checkbox"/> Business Owner <input type="checkbox"/> Business Manager <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Employee <input type="checkbox"/> Other Officer or Agent
Home Address: _____ Street City State Zip	
Phone: _____ Email: _____	

Contact Name: _____	Contact Role(s), mark all that apply: <input type="checkbox"/> Business Owner <input type="checkbox"/> Business Manager <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Employee <input type="checkbox"/> Other Officer or Agent
Home Address: _____ Street City State Zip	
Phone: _____ Email: _____	

SECTION 5: NOTIFICATIONS AND VERIFICATION OF AUTHORITY

1. **This application does not constitute a business license.** All applications are subject to Title 5 of the Municipal Code. **Incomplete applications will not be processed.**
2. Decisions on applications are made based upon:
- a. the information provided on the application materials, and
 - b. reviews and inspections performed, as required.
3. Under the Municipal Code, there are additional Business License application requirements for some business types.
4. Application denial or subsequent license suspension or revocation are most often the result of:
- a. an inaccurate or incomplete application, or failure to update information with the division, and/or
 - b. non-compliance with the Municipal Code, Land Development Code, and/or applicable building, fire, and environmental codes.
5. 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 parent entity over 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 6: FEES – Initial annual fees only; renewal fees vary by business type.

License Type	Fee	License Type	Fee
Automotive (Sales, Repair, Rent/Lease, Towing)	\$573.00	Mini-Storage	\$169.00 + \$0.30/unit
Bar Establishment, Tavern	\$1,321.00	Mobile Home Park	\$169.00 + \$101.00/pad
Booth Rental (Salon, Spa, Barber)	\$104.00	Movie Theater	\$8,940.00
Bowling Alley	\$2,708.00	Nursing Home	\$169.00 + \$50.00/unit
Check Cashing	\$585.00	Pawn	\$1,745.00
Childcare Center	\$381.00	Professional/Personal Service	\$254.00
Commissary Kitchen	\$187.00	Restaurant	\$829.00
Construction/ Contracted Services	\$393.00	Restaurant – Fast Food	\$4,097.00
Convenience Store – No Fuel Pumps	\$3,720.00	Retail – General/Wholesale	\$671.00
Convenience Store – Prepay Required	\$4,562.00	Retail – Large/Wholesale	\$1,633.00
Drug Store	\$4,110.00	Sexually Oriented Business (SOB)	\$2,306.00
Financial	\$1,339.00	SOB – Adult Business	300.00
Fitness/Recreation	\$169.00	SOB – Semi-Nude Dancing Bar	215.00
Golf	\$1,562.00	Warehouse	478.00
Grocery, Large	\$3,636.00		
Live Entertainment	\$2,112.00		
Lodging – Long-term	\$169.00 + \$89.00/unit		
Lodging – Short-term	\$169.00 + \$7.00/unit		
Manufacturing	\$393.00		

Penalties	Fee
Business prior to license issuance	100% of license fee
Late renewal – 30 days past due	50% of license fee
Late renewal – 60 days past due	100% of license fee
Doing business without a license	\$500.00

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

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**