
COMMERCIAL BUSINESS LICENSE APPLICATION

CHECKLIST PRIOR TO SUBMITTAL

- 1. Complete Application **(REQUIRED)**
- 2. Property Owner Affidavit or Lease Agreement **(REQUIRED)**
- 3. Nonrefundable fees **(REQUIRED)**
- 4. Complete Pre-Inspection Checklist (attached) **(REQUIRED)**
- 5. Copy of Utah State Department of Commerce business name registration **(FORM REQUIRED)**
- 6. Copy of State of Utah Sales Tax ID number, if applicable **(FORM REQUIRED)**
- 7. Copy of Federal EIN ID number **(FORM REQUIRED)**
- 8. Copy of BCI Background Check **(FORM REQUIRED)** for Tobacco/Alcohol Related Businesses
- 9. Copy of State & Federal Background Checks, if applicable
- 10. Copy of Occupational or Professional Licenses, if applicable
- 11. Copy of Salt Lake County Health Department Approval, if applicable
- 12. Copy of Department of Agriculture Approval, if applicable
- 13. Copy of Motor Vehicle Enforcement Division Approval, if applicable
- 14. Copy of Mt. Olympus Improvement District approval (sewer district), if applicable

CHECKLIST AFTER SUBMITTAL

- 15. On-site inspections are required 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.



COMMERCIAL BUSINESS LICENSE APPLICATION

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

Application For:				
<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Ownership	<input type="checkbox"/> 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:				
HOW MANY OFF-STREET PARKING STALLS DO YOU HAVE AT YOUR BUSINESS LOCATION?		HOW MANY EMPLOYEES WILL YOU HAVE AT YOUR BUSINESS LOCATION INCLUDING YOURSELF?		
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		
MANAGER		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 **		OR PROVIDE COPY OF A SIGNED LEASE AGREEMENT LISTING THE BUSINESS NAME AND UNIT ADDRESS AS SHOWN IN THIS APPLICATION		
<input type="checkbox"/> YES		<input type="checkbox"/> YES		

5. MISCELLANEOUS INFORMATION

WILL YOUR BUSINESS OPERATION INVOLVE HAZARDOUS MATERIALS?
(SEE ATTACHED DOCUMENT FOR SPECIFICATIONS)

YES NO

IF SO, HAVE YOU APPLIED FOR YOUR HAZMAT PERMIT?

YES NO

IS A TENANT FINISH OR BUILDING REMODEL PROPOSED AT THIS LOCATION?

YES NO

IF SO, HAVE YOU APPLIED FOR A BUILDING PERMIT APPLICATION?

YES NO

DOES YOUR BUSINESS LOCATION HAVE MONITORED FIRE SPRINKLERS?

YES NO

DATE OF LAST SERVICE (MUST BE CURRENT): _____

SERVICE COMPANY: _____

DOES YOUR BUSINESS LOCATION HAVE AN IN-GROUND GREASE TRAP AND SAMPLING MANHOLE?

YES NO

**** REQUIRED FOR ALL COMMISSARY KITCHENS, FOOD/DRINK/ALCOHOL MANUFACTURING, RESTAURANTS, MANUFACTURING ETC. ****

6. SPECIAL USES, IF APPLICABLE

ARE YOU A FOOD TRUCK OR TRAILER?

YES NO

ADDRESS OF COMMISSARY KITCHEN? IF LOCATED IN SSL, DOES THE BUSINESS COMPLY WITH THE CONDITIONAL USE PERMIT?

FOOD TRUCK APPLICATION CHECKLIST PRIOR TO SUBMITTAL:

1. EXTERIOR PHOTOS OF TRUCK/TRAILER
2. LICENSE PLATE NUMBER: _____
3. COPY OF SALT LAKE COUNTY HEALTH DEPARTMENT APPROVAL/DEPT. AGRICULTURE APPROVAL
4. COPY OF FIRE MARSHAL APPROVAL

WILL YOUR BUSINESS SELL TOBACCO PRODUCTS (INCLUDES VAPE AND ELECTRONIC-CIGARETTES)?

YES NO

**** REGULATORY LICENSES ARE ONLY AVAILABLE TO BUSINESS LOCATIONS OVER 60,000 SQ. FT. OR CONVENIENCE STORES WITH FUEL PUMPS ****

WILL YOUR BUSINESS SELL, MANUFACTURE, WAREHOUSE ALCOHOL PRODUCTS?

YES NO

**** IF YES, PLEASE SUBMIT ALCOHOL APPLICATIONS****

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"/> PERMITTED 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: _____

FILL THIS SECTION OUT IF:

YOU ARE THE OWNER AND YOU ARE OCCUPYING THE ADDRESS

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 YOUR TENANT IS OCCUPYING THE ADDRESS

**** FEE TITLE OWNER:**

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

PROPERTY OWNER'S AFFIDAVIT

I/we _____, 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, _____, the owner(s) of the real property located at _____, South Salt Lake City, Utah, do hereby appoint _____ 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 _____ 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

SOUTH SALT LAKE POLICE DEPARTMENT

ATTN: DISPATCH

220 EAST MORRIS AVENUE, SUITE 200

SOUTH SALT LAKE, UTAH 84115

PLEASE FILL OUT THE FORM COMPLETELY.

THIS WILL ALLOW THE POLICE DEPARTMENT TO CONTACT RESPONSIBLE PARTIES IN CASE OF EMERGENCIES.

1. BUSINESS OWNER PERSONAL CONTACT INFORMATION				
OWNER NAME(S)				
OWNER HOME ADDRESS	CITY	STATE	ZIP	
	CELL PHONE	HOME PHONE		
	EMAIL			
2. BUSINESS CONTACT INFORMATION				
BUSINESS NAME				
BUSINESS ADDRESS	CITY	STATE	ZIP	
	BUSINESS PHONE			
	BUSINESS EMAIL			
ALL RESPONSIBLE PARTIES				
	NAME	CELL PHONE	HOME PHONE	
1 ST				
2 ND				
ADDITIONAL BUSINESS NAME				
BUSINESS ADDRESS	CITY	STATE	ZIP	
	BUSINESS PHONE			
	BUSINESS EMAIL			
ALL RESPONSIBLE PARTIES				
	NAME	CELL PHONE	HOME PHONE	
1 ST				
2 ND				
ADDITIONAL BUSINESS NAME				
BUSINESS ADDRESS	CITY	STATE	ZIP	
	BUSINESS PHONE			
	BUSINESS EMAIL			
ALL RESPONSIBLE PARTIES				
	NAME	CELL PHONE	HOME PHONE	
1 ST				
2 ND				
ADDITIONAL BUSINESS NAME				
BUSINESS ADDRESS	CITY	STATE	ZIP	
	BUSINESS PHONE			
	BUSINESS EMAIL			
ALL RESPONSIBLE PARTIES				
	NAME	CELL PHONE	HOME PHONE	
1 ST				
2 ND				
4. ALARM COMPANY INFORMATION				
NAME			TELEPHONE	
5. MISCELLANEOUS NOTES AND OTHER INFORMATION				
PLEASE INCLUDE ENTRY CODES FOR GATES OR DOORS, OR LOCATIONS OF EMERGENCY KEY BOXES, IF APPLICABLE.				
6. ACKNOWLEDGEMENT				
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.				
Signature: _____ Print Name: _____ Date: _____				



INDUSTRY DISCHARGE QUESTIONNAIRE

New Business Form Renewal Form

Section: 1

Name of Business: _____

Property Address: (street, city, zip) _____

Mailing Address: (street, city, zip) _____

Contact Person: (Name) _____

Contact Person: (Title) _____ Phone # _____

Facility is: Owned: Leased: Home Business: Other: _____

Check the appropriate box's which may apply to your business or give a brief description below of the business products or service's provided;

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Auto-body | <input type="checkbox"/> Car Wash | <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Restaurant / Fast Foods |
| <input type="checkbox"/> Auto-repair | <input type="checkbox"/> Dental | <input type="checkbox"/> Medical | <input type="checkbox"/> Screen Printer / Printing |
| <input type="checkbox"/> Auto-sales | <input type="checkbox"/> Dry Cleaner | <input type="checkbox"/> Office Only | <input type="checkbox"/> Warehouse / Storage |
| <input type="checkbox"/> Other | | | |

Required; Brief Description of business: _____

Section: 2

Average Number of Employees: Day: _____ Afternoon: _____ Night: _____ Total: _____

Types of Waste Water Discharges; other than SANITARY WASTEWATER (restrooms) check the box's below which may apply to your business

- | | |
|--|--|
| <input type="checkbox"/> Non-Contact Cooling Water | <input type="checkbox"/> Equipment Wash Down |
| <input type="checkbox"/> Contact Cooling Water | <input type="checkbox"/> Boiler Blow Down |

Other Discharges; Explain: _____

List Expected Daily Water Use in Gallons Per Day (GPD): _____

Section: 3

Are any of your process discharges regulated by Federal Categorical Discharge Standards? Yes No

If yes, list Standards: Code of Federal Regulations (CFR) _____

Will any chemicals be used or stored on site? Yes No

If yes, list chemicals that will be on site in quantities of 55 gallons or 500 lbs or more on the back of this form.

Will any hazardous waste be generated at this facility? Yes No

If yes, list types on the back of this form.

Any Questions please call Central Valley Water Reclamation Facility Industrial Pretreatment Department (801) 973-9100

I have personally examined and am familiar with the information submitted in this report and any attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein is true, accurate, and complete

Signature: _____ Date: _____

(FOR C.V.W.R.F. USE ONLY)

Business Classification: (_____)

Is there a (GOSI) Installed at this location: Yes No Is a (GOSI) Needed at this location: Yes No Reviewed by: (CV) _____ Date: _____

CHEMICALS USED

CHEMICAL NAME	AMOUNT STORED	AMOUNT USED

HAZARDOUS WASTES

NAME	EXPECTED MONTHLY GENERATION QUANTITY	DISPOSAL METHOD

DBA/Business Name Business or trade name at this physical location		Business start date for this location		Office Use Only						
Physical street address of business (P.O. Box not acceptable)		Business telephone number						County	[][]	
City	County	State	ZIP code					City Code	[][][]	
Required: Local Utah government issuing business license for this location								SIC Code	[][][][]	
Business Description If business or product is different from main business location, describe here for this location								USTC SIC	[][][][]	
Lodging Services: Will you provide motel, hotel, trailer court, campground or other lodging services at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No				NAICS	[][][][][][]					
				a. G	b. X	c. W	d. T	e. F	f. L	

DBA/Business Name Business or trade name at this physical location		Business start date for this location		Office Use Only						
Physical street address of business (P.O. Box not acceptable)		Business telephone number						County	[][]	
City	County	State	ZIP code					City Code	[][][]	
Required: Local Utah government issuing business license for this location								SIC Code	[][][][]	
Business Description If business or product is different from main business location, describe here for this location								USTC SIC	[][][][]	
Lodging Services: Will you provide motel, hotel, trailer court, campground or other lodging services at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No				NAICS	[][][][][][]					
				a. G	b. X	c. W	d. T	e. F	f. L	

3 — Authorized Signature

Signature of Authorized Applicant or Owner (Application will not be accepted without original signature)

Date



Additional Business Locations for Sales Tax Accounts

General Information

Use this form to register additional business locations for a new or existing sales tax account.

Instructions

- 1a. You must provide a valid Social Security Number or Federal Employer Identification Number.
- 1b. If you are already registered with the Tax Commission and you are adding locations to an existing sales tax account, you must also provide your Sales Tax Account Number.
- 1c. You must provide the owner's name, daytime phone number, street address (PO Box not acceptable), city, county, state and ZIP.
2. You must provide all information for each location:
 - DBA/business name
 - Business telephone number
 - Physical street address of business
 - City, County, State and Zip code
 - Local government issuing business license
 - Business description, if business or product is different than at the main business location
3. An authorized applicant or owner must sign this form.

Return the completed form to the Tax Commission at the following address:

**Master File Maintenance
Utah State Tax Commission
210 North 1950 West
Salt Lake City, UT 84134-3310**

Or fax to: **801-297-3573**