## **BUSINESS LICENSE APPLICATION**



☐ Commercial Business	☐ Home Occupation Business License						
Name of Business:			Business Phone Nu	iness Phone Number: Business Fax Nu		Fax Number:	
Business Address:			Mailing Address:				
State Registration:  ☐ Sole-Proprietor ☐ Corporation ☐ LLC ☐ LP ☐ LLP		DBA# Expires / /	Sales Tax #	Corporation #		Federal Tax ID#	
Business Owner Name(s)  Date of Birth		Owner's Address Street: City e mail address:	State Zip			's Phone Number(s)	
Nature of Business: ☐ Manufacturing ☐ Wholesale ☐ Retail ☐ Services ☐ Partnership ☐ Daycare/Preschool—Number of Children ☐ Other							
Total Number of Employees: Number of Full-Time Employees: Number of Part-time Employees:							
Briefly describe your business:							
Annual License Fees:							
• \$50— Commercial Business		ness Licenses expire annually on December 31st. Renewal is the responsibility of the business owner. Failure to receive renewal notice does not excuse this responsibility. License renewal fees are due on or before February 28th. Any license fee not paid within that time					
• \$50— Home Occupat	ion	will be considered void.					
• \$500— Beer License		I hereby agree to conduct said business strictly in accordance with the Laws and Ordinances set forth by Salem City, Utah County, the State of Utah, and Federal standards, covering such business and swear under penalty of law that the information contained herein is true to the best of my knowledge. I also agree that no other type of business will be conducted other than what has been stated above.					
License Fee \$							
Date Paid		I also understand this permit may be revoked at any time if it is determined said business violates any part of the provisions and regulation of the Salem City Municipal Code. I agree to					
Rect. #	-	allow a representative from Salem City to inspect my premises for compliance without notice on an annual basis					
		X Signa	ture			Date	
OFFICE USE ONLY							
Building Official	Date:	Signatu	·e·			Approved	
_		_				Yes / No	
Comments:							
Fire Inspector:	Date:	Signatur	re:			Approved Yes / No	
Comments:						103/110	
Police Department:	Date:	Signatur				Approved Yes / No	
Comments:							
City Recorder:	Date:	Signatur	re:			Approved Yes / No	