

BUSINESS LICENSE APPLICATION



Commercial Business License		Home Occupation Business License			
Name of Business:		Business Phone Number:		Business Fax Number:	
Business Address:		Mailing Address:			
State Registration: Sole-Proprietor LLC	Corporation LP LLP	DBA# Expires / /	Sales Tax #	Corporation #	Federal Tax ID#
Business Owner Name(s)	Owner's Address Street: City State Zip e mail address:			Owner's Phone Number(s) DL#	
Date of Birth					
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: <ul style="list-style-type: none"> • \$50— Commercial Business • \$ 0 — Home Occupation • \$500— Beer License License Fee \$ _____ Date Paid _____ Rect. # _____		Business licenses will only be issued when all inspections are complete and approved. Business 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 will be considered void. 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. 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 allow a representative from Salem City to inspect my premises for compliance without notice on an annual basis X _____ Signature Date			

OFFICE USE ONLY

Building Official	Date:	Signature:	Approved Yes / No
Comments: _____			
Fire Inspector:	Date:	Signature:	Approved Yes / No
Comments: _____			
Police Department:	Date:	Signature:	Approved Yes / No
Comments: _____			
City Recorder:	Date:	Signature:	Approved Yes / No