



COMMERCIAL BUSINESS LICENSE APPLICATION

West Bountiful City
BUSINESS LICENSING DEPARTMENT
550 N 800 West
Phone: (801) 292-4486
www.wbcity.org

Please allow 5 -7 business days for processing

Business Information:

Business License #:

Business Name: _____ (dba) _____

Business Address: _____ Phone: _____

Mailing Address (if different): _____ Email: _____

State License No: _____ State Sales Tax #: _____ Federal Tax #: _____

Applicant Information:

Name(s): _____ Title: _____

Address: _____ Phone(s): _____

Email Address(es): _____

Manager/Local Contact(s): _____ Phone: _____

Owner/Landlord:

Owner of Business (if different than above): _____

Owner's Home Address: _____ Phone: _____

Landlord/Owner of Building: _____ Phone: _____

Type of Business/Description of Business to Be Conducted:

License Fees:

Annual License Fee: Base fee is \$50.00 (\$25 on/after September 1)		\$ _____
Number of Full Time Employees _____ x \$5.00 per employee		\$ _____
Number of Part Time Employees _____ x \$2.50 per employee		\$ _____
TOTAL DUE:		\$ _____

I hereby make application for the issuance of a business license from West Bountiful City in accordance with the provisions of West Bountiful Municipal Code, Title 5. I certify that the above information is true and correct to the best of my knowledge. I understand the information on this application may be made available to the public upon request. Licensing runs January 1 – December 31 regardless of when license is issued.

Date: _____

Sign Here: _____

FOR OFFICIAL USE ONLY

Application Received Date: _____ Health Dept Inspect/Approval: _____

Payment Received Date: _____ Fire Inspection Date(s): _____

Conditional Use Req/Approval: _____ Fire Marshall Approval Date: _____