COMMERCIAL
BUSINESS LICENSE
APPLICATION

Please allow 5 - 7 business days for processing

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

Business Information:

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): _____________________________ Phone: __________________

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: _____________________________

Revised November 2019