



# TEMPORARY BUSINESS LICENSE APPLICATION

**West Bountiful City**

BUSINESS LICENSING DEPARTMENT

550 N 800 W, West Bountiful, UT 84087

Phone: (801) 292-4486

Fax: (801) 292-6355

[www.wbcity.org](http://www.wbcity.org)

*Please allow 5-7 business days for processing*

**Business Information:**

Business Legal Name: \_\_\_\_\_ (DBA) \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

State License No: \_\_\_\_\_ State Tax ID: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

**Specific Description of Business to be conducted:**

**Applicant Information:**

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner of Business (if different than above): \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_

*I hereby make application for the issuance of a temporary 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 that additional permitting may be required in order to comply with zoning requirements.*

Date: \_\_\_\_\_ Sign Here: \_\_\_\_\_

Applicant

**Temporary License Fee:**

Base fee \$ 25.00

Plus \$1.00 per day up to a maximum of \$100.00 \$

**TOTAL DUE** \$

**FOR OFFICIAL USE ONLY**

Application/Payment Received Date: \_\_\_\_\_ Health Dept. Approval Date: \_\_\_\_\_

Fire Marshall Approval Date: \_\_\_\_\_ Temporary License Approved: \_\_\_\_\_