



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

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 (include site plan for outdoor sales):

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): _____

- If the applicant desires to sell foodstuffs, a statement by a reputable physician licensed in the State of Utah, dated not more than ten (10) days prior to the date of application submission, certifying the applicant to be free of infectious, contagious, or communicable diseases.*
- 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: _____ Temp License Approved for Dates: _____