



## COMMERCIAL BUSINESS LICENSE APPLICATION

### CHECKLIST PRIOR TO SUBMITTAL

1. Complete application
2. Nonrefundable fees
3. Copy of Utah State Department of Commerce business name registration
4. Copy of State of Utah Sales Tax ID number, if applicable
5. Copy of Federal EIN ID number
6. Copy of Occupational or Professional Licenses, if applicable
7. Copy of Salt Lake County Health Department Approval, if applicable
8. Copy of Department of Agriculture Approval, if applicable
9. Copy of Motor Vehicle Enforcement Division Approval, if applicable

### CHECKLIST AFTER SUBMITTAL

10. On-site inspections are required prior to any consent being granted. It is the applicant's responsibility to schedule an inspection with the South Salt Lake Building Department and the South Salt Lake Fire Marshal within 5 business days of application submission. Applicants are responsible for conformance with all applicable city, county, or state codes.

**\*\* ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED \*\***

*Submitting a business license application does not authorize the applicant to conduct business. Conducting business without an approved business license constitutes a Class C Misdemeanor.*

*It is the applicant's responsibility to provide a complete application and obtain all applicable city, county, or state code approval requirements. Upon notice from the City that your application is incomplete you will have thirty (30) days to correct any problems and/or provide any missing information or payments. Notice of an incomplete application constitutes a denial of your application by the City. All application fees are nonrefundable. Any denial requires submittal of a new application including payment of all costs and fees. At the City's discretion denial of your application may result in your inability to resubmit an application for up to six months. Any denial may be appealed to the Administrative Law Judge pursuant to applicable procedures in the City Code.*

NEW COMMERCIAL BUSINESS LICENSE APPLICATION FEES			
License Type	Base Rate	License Type	Base Rate
Amusement	\$147.00	Large Grocery Store	\$1,818.00
Auto Sales/Body/Repair/Towing	\$173.00	Live Entertainment	\$147.00
Check Cashing and Pawn	\$422.00	Lodging – Long Term	\$147.00 + \$89/unit
Booth Rental	\$18.00	Lodging – Short Term	\$147.00 + \$7/unit
Bowling Alley	\$1,354.00	Market/Bakery/Café	\$231.00
Construction/Manufacturing	\$302.00	Mini Storage	\$147.00 + \$.30/unit
Convenience Store – Non Prepay	\$4,318.00	Mobile Food Services	\$147.00
Convenience Store – Prepay	\$2,281.00	Mobile Homes	\$147.00 + \$101/pad
Convenience Store – without fuel	\$1,860.00	Movie Theatre	\$4,470.00
Day Care	\$369.00	Moving/Warehouse	\$312.00
Drug/Variety Store	\$2,052.00	Nonprofit	-
Fast Food	\$1,093.00	Nursing Homes	\$147.00 + \$50/unit
Financial Services	\$719.00	Personal Services	\$291.00
Golf	\$781.00	Private Club/SOB/Tavern	\$1,550.00
Home Occupation	\$43.00	Professional Services	\$225.00
Home Occupation Day Care	\$249.00	Restaurant	\$432.00
Horse Stables	\$180.00	Retail – General	\$372.00
Indoor Sports Training	\$1,720.00	Retail – Large	\$1,633.00
Insurance and Bail Bonds	-	Wholesale	\$366.00

REGULATORY FEES			
License Type	Base Rate	Initial Application Fee	Requirements
Beer – Class A retailer	\$300.00	\$300.00	
Beer – Class B restaurant	\$500.00	\$1,000.00	
Beer – Class C tavern	\$750.00	\$1,250.00	
Beer – Single Event	\$100.00		
Escort Bureau	\$2,000.00		
Escort Runner	\$300.00		
Escort Transfer Fee	\$50.00		
Escort Lost Permit Fee	\$25.00		
Fireworks Stand	\$94.00		\$50 deposit
Liquor	\$400.00		
SOB – Adult Business	\$300.00		\$2,000 bond
SOB – Outcall	\$600.00		\$2,000 bond
SOB – Semi-Nude Dancing Bar	\$300.00		\$2,000 bond
Tobacco	\$30.00		

MISCELLANEOUS FEES AND PENALTIES	
Fee	Amount
Operating prior to obtaining business license	100% of base rate
Doing business without a license	\$500
Fire Damage and Close-out Sale	\$25 for the first 30 days / \$10 for 30 day renewal
Overdue Fees – 30 days	50% of base rate
Overdue Fees – 60 days	100% of base rate



<b>Office Use Only</b>	Date Received	License Fee	<input type="checkbox"/> Prorated # of Months left _____	License Type
	License #	Receipt #		
	Zoning Approval	Date	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Permitted Use
	Current Zone:		Notes	
	Building Approval	Date	Notes	
	Fire Approval	Date	Notes	



## BUSINESS RESPONSIBLE LIST

Please fill out the form completely. This will allow the Police Department to contact responsible parties in case of emergencies.

1. BUSINESS AND OWNER NAME AND ADDRESS			
Business Name		Business Telephone	
Business Street Address	City	State	Zip
Business Owner Name	Cell Phone	Home Phone	
2. RESPONSIBLE PARTIES			
	Name	Cell Phone	Home Phone
<b>1<sup>st</sup></b>			
<b>2<sup>nd</sup></b>			
<b>3<sup>rd</sup></b>			
<b>4<sup>th</sup></b>			
3. ALARM COMPANY INFORMATION			
Name		Telephone	
4. MISCELLANEOUS NOTES AND OTHER INFORMATION			
Please include entry codes for gates or doors, or locations of emergency key boxes, if applicable.			

If your information needs to be updated, please submit a new form to:

**South Salt Lake Police Department**  
**Attn: Dispatch**  
**220 East Morris Avenue, Suite 200**  
**South Salt Lake, Utah 84115**



# INDUSTRY DISCHARGE QUESTIONNAIRE

New Business Form       Renewal Form

## Section: 1.

Name of Business: \_\_\_\_\_  
 Property Address: (street, city, zip) \_\_\_\_\_  
 Mailing Address: (street, city, zip) \_\_\_\_\_  
 Contact Person: (Name) \_\_\_\_\_  
 Contact Person: (Title) \_\_\_\_\_ Phone # \_\_\_\_\_  
 Facility is: Owned:  Leased:  Home Business:  Other: \_\_\_\_\_  
 \* Need: Brief description of business, products produced, services provided, etc. \_\_\_\_\_  
 \_\_\_\_\_

## Section: 2.

Average Number of Employees: Day: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Night: \_\_\_\_\_ Total: \_\_\_\_\_  
 Check Types of Wastewater Discharges:  
 Sanitary wastes (rest rooms)  Non-contact Cooling Water  Contact Cooling Water   
 Equipment Wash down  Boiler Blow down

### Process Waste Water Discharge(s):

*If no "Process Waste Water" go to Section: 3.*

Process Wastes: (List Types) \_\_\_\_\_  
 Other discharges: \_\_\_\_\_  
 List Expected Daily Water Use Gallons Per Day (GPD) \_\_\_\_\_  
 Are any of your process discharges regulated by Federal Categorical Discharge Standards? Yes  No   
If yes, list Standards: Code of Federal Regulations (CFR) \_\_\_\_\_  
 Will any chemicals be used or stored on site? Yes  No   
If yes, list chemicals that will be on site in quantities of 55 gallons or more on the back of this form.  
 Will any hazardous waste be generated at this facility? Yes  No   
If yes, list types on the back of this form.

*Any Questions please call Central Valley Water Reclamation Facility Industrial Pretreatment Department (801) 973-9100*

## Section: 3.

I have personally examined and am familiar with the information submitted in this report and any attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

( FOR C.V.W.R.F. USE ONLY )

Business Classification: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Is there a (GOSI) Installed at this location: Yes  No       Is a (GOSI) Needed at this location: Yes  No   
 Reviewed by: (CV) \_\_\_\_\_ Date: \_\_\_\_\_



▶ <b>DBA/Business Name</b> Business or trade name at this physical location		Business start date for this location		<b>Office Use Only</b>						
Physical street address of business (P.O. Box not acceptable)		Business telephone number						County	[ ][ ]	
City	County	State	ZIP code					City Code	[ ][ ][ ]	
<b>Required:</b> Local Utah government issuing business license for this location								SIC Code	[ ][ ][ ][ ]	
<b>Business Description</b> If business or product is different from main business location, describe here for this location								USTC SIC	[ ][ ][ ][ ]	
<b>Lodging Services:</b> Will you provide motel, hotel, trailer court, campground or other lodging services at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No				NAICS	[ ][ ][ ][ ][ ][ ]					
				a. G	b. X	c. W	d. T	e. F	f. L	

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				a. G	b. X	c. W	d. T	e. F	f. L	

### 3 — Authorized Signature

Signature of Authorized Applicant or Owner (Application will not be accepted without original signature)

Date



## Additional Business Locations for Sales Tax Accounts

### General Information

Use this form to register additional business locations for a new or existing sales tax account.

### Instructions

- 1a. You must provide a valid Social Security Number or Federal Employer Identification Number.
- 1b. If you are already registered with the Tax Commission and you are adding locations to an existing sales tax account, you must also provide your Sales Tax Account Number.
- 1c. You must provide the owner's name, daytime phone number, street address (PO Box not acceptable), city, county, state and ZIP.
2. You must provide all information for each location:
  - DBA/business name
  - Business telephone number
  - Physical street address of business
  - City, County, State and Zip code
  - Local government issuing business license
  - Business description, if business or product is different than at the main business location
3. An authorized applicant or owner must sign this form.

Return the completed form to the Tax Commission at the following address:

**Master File Maintenance  
Utah State Tax Commission  
210 North 1950 West  
Salt Lake City, UT 84134-3310**

Or fax to: **801-297-3573**