



BUSINESS LICENSE APPLICATION  
1570 WEST 400 NORTH  
MARRIOTT-SLATERVILLE CITY  
UTAH 84404  
(801) 627-1919

DATE PAID: \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_  
METHOD: \_\_\_\_\_  
TOTAL AMOUNT: \_\_\_\_\_  
LICENSE CLASS \_\_\_\_\_  
B.L. #: \_\_\_\_\_

Application Date:		Business Name:		Parent Company (if any):	
Federal Tax ID #:		State Sales Tax #:		State Contractor #:	
Business Address:				CITY USE ONLY	
Mailing Address (if different):				Base Fee:	
Business E-mail:				Disproportionate Fee:	
Business Phone:				Truck Disproportionate Fee:	
Business Owner:				Alcohol License <input type="checkbox"/> n/a	
Address of Owner:				Alcohol License Application: <input type="checkbox"/> yes <input type="checkbox"/> no	
City: State: Zip Code:				Local Consent: <input type="checkbox"/> yes <input type="checkbox"/> no	
Owner Phone:				Status: <input type="checkbox"/> approved <input type="checkbox"/> denied	
Owner Date of Birth:				Home Occupation <input type="checkbox"/> n/a	
Owner Driver's License #: State:				Home Occupation: <input type="checkbox"/> yes <input type="checkbox"/> no	
Property Owner & Parcel #:				Application Affidavit: <input type="checkbox"/> yes <input type="checkbox"/> no	
Property Owner Address:				Home Businesses may not be permitted to have visiting clientele. Attach MSC "Home Business License Application Affidavit"	
City: State: Zip Code:				Temporary Business licenses are only valid for 31 days or less.	
Special Restrictions:				Sexually Oriented Businesses must also comply with MSMC Chapter 5.82.	
<input type="checkbox"/> New Business <input type="checkbox"/> New Owner <input type="checkbox"/> New Location <input type="checkbox"/> Re-application					
Number of Employees in Business:				Date Commencing:	
Building Square Footage:		Building Frontage:		Emergency Contact Name:	
Organization type: <input type="checkbox"/> Corporation/LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship/DBA				Emergency Contact Number:	
Registered Agent:				Manager Phone Number:	
Address:		City/State/Zip:			
Description of Business:					
This is an application for a Business License. Actual license will be issued only when zoning requirements have been met, and ALL inspections are completed and approved. Issuance does not guarantee compliance with zoning and other local ordinances. All information must be accurately completed, or the issuance may be delayed, and criminal penalties may apply. Issuance of a Business License does not relieve applicant or property owner from responsibility to comply with applicable regulations. City staff shall be notified in writing when any change of information on this application occurs.					
I/ We, _____, hereby agree to conduct business strictly in accordance with the Laws and Ordinances governing such business and certify that the information provided in this application is true and correct.					
Signature of Authorized Applicant:				Date:	
Fire:		Building Inspector:		Planning:	
				Status: <input type="checkbox"/> approved <input type="checkbox"/> denied	