

**BUSINESS LICENSE
APPLICATION**

SANTA CLARA CITY

GENERAL LICENSE

2603 SANTA CLARA DRIVE
SANTA CLARA, UTAH 84765

FEE: \$50.00

PHONE: (435) 673-6712 FAX: (435) 879-5298 WEB SITE: www.santaclaracityutah.com

DATE: _____

Name of Business: _____

Address at Which Business Will be Conducted:

_____ City State Zip

Mailing Address (if different): _____

Business Phone: _____ Emergency Phone: _____

Name of Applicant: _____ SSN# _____ Phone: _____

Residence of Applicant: _____
_____ City State Zip

Specify Business to be Conducted: _____

Business is: Corporation Sole Proprietorship Partnership Limited Liability Company

List all Owners other than Applicant: _____

Federal Tax ID#: _____ Sales Tax # (Attach Copy): _____

If required to be Licensed by State, Check Here: **ALSO: ATTACH COPY OF STATE LICENSE**

Copy of Drivers License or other Proof of Identity (Please attach copy)

Is this a Sexually Oriented Business? Yes No

Note Any Other Business Owned by Applicant (Name & Address): _____

HOME OCCUPATION ORDINANCE: (If Applicable, Applicant must obtain Home Occupation Conditional Use Permit Prior to Obtaining a Business License.) I will comply with the provisions of the City's Ordinance for Home Occupation

Signature: _____ Date: _____

Application Completed By (please print): _____ Title: _____

I understand that falsifying any information on this application constitutes sufficient cause for Rejection or Revocation of my License. I also understand that the City License Officer may require additional information as permitted by the City Ordinance, and also agree to supply the same as part of this application.

Authorized Applicant signature: _____ Date: _____

****Note: No Business License will be Issued Without Proof Of Registration of Business Name with the State of Utah and a Copy of all Documents Requested.**

OFFICE USE: Home Occupation Issued? [Yes] [No] CUP Fee Collected? [Yes] [No] Copy Attached? [Yes] [No]

Proof of Registration with the State? [Yes] [No] Copy of Current State License? [Yes] [No]

License Fee: \$ _____ Late Fee: \$ _____ City Approved by: _____ City License # _____