



Tooele City Corporation  
90 North Main  
Tooele, UT 84074  
(435) 843-2110

**\*\*FOR OFFICE USE ONLY\*\***

**Business License#:** \_\_\_\_\_

**# of Employees/Badges:** \_\_\_\_\_

**Amount Paid:\$** \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**APPLICATION FOR BUSINESS LICENSE**

COMMERCIAL BUSINESS

Retail Tobacco Specialty Business: NOTE: (a) tobacco products may account for no more than 35% of the total annual gross receipts for the store; (b) the store will have to provide proof annually to the City about the store's annual gross receipts for tobacco products and non-tobacco products.

HOME OCCUPATION BUSINESS

ITINERANT: \_\_\_\_ LOCAL or \_\_\_\_ NON-LOCAL

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

MAILING ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

ANY BUILDING IMPROVEMENTS/REMODELING/TENANT FINISH  YES  NO

**TYPE OF STATE LICENSE & NUMBER:** \_\_\_\_\_

**\*\*\*\*\* ALL TOOELE CITY BUSINESS LICENSES EXPIRE DECEMBER 31<sup>ST</sup> OF EACH YEAR.\*\*\*\*\***

**BASE LICENSE FEE: \$40.00 PLUS \$3.00 FOR EACH EMPLOYEE (IF COMMERCIAL)**

**\*\*IF AN INSPECTION IS REQUIRED 1<sup>ST</sup> IS COMPLIMENTARY; \$50 FOR EACH THEREAFTER\*\***

NAME OF OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

OWNERS E-MAIL ADDRESS: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

NAME OF MANAGER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

NATURE OF BUSINESS: \_\_\_\_\_

CHARACTER REFERENCE: \_\_\_\_\_  
(NAME) (PHONE #)

**NOTE: We encourage copies of current Tax ID & Business Registration Information with the State of Utah**

I hereby make application for LICENSE PRIVILEGES in Tooele City, Utah, under the Ordinance of Tooele, UT, for the above mentioned business. All license privilege Applications to Tooele City require approval of the below mentioned departments. Temporary privileges may be granted subject to the approvals mentioned. In the event of disapproval of a license, temporary privileges are immediately rescinded. A license will be issued upon completion and satisfaction of Application requirements.

**-NOTARIZATION REQUIRED FOR ALL LICENSES-**  
(to be filled out in the Presence of a Notary )

I \_\_\_\_\_ BEING DULY SWORN DEPOSE AND SAY THAT I AM THE APPLICANT ABOVE NAMED AND THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

**\*\*\*\*\*BELOW IS FOR NOTARY USE\*\*\*\*\***

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

\_\_\_\_\_  
RECORDERS OFFICE DATE

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
FIRE DEPARTMENT DATE

\_\_\_\_\_  
HEALTH DEPARTMENT DATE

\_\_\_\_\_  
BUILDING DEPARTMENT DATE

\_\_\_\_\_  
ZONING DEPARTMENT DATE

\_\_\_\_\_  
WASTEWATER DEPARTMENT DATE