



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

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

Business License#: _____

Date Paid: _____

Receipt #: _____

**BUSINESS LICENSE
CHANGE OF BUSINESS ADDRESS**

****A \$10 Transfer Fee will be Assessed After Location has been Inspected & Approved****

PREVIOUS ADDRESS:

(please print)

Date: _____

Business Name: _____

Business Owner: _____

Business Address: _____
(STREET) (CITY) (STATE) (ZIP)

NEW ADDRESS:

New Business Address: _____
(STREET) (CITY) (STATE) (ZIP)

New Mailing Address: _____
(STREET) (CITY) (STATE) (ZIP)

Phone: _____ **E-Mail:** _____

Nature of Business: _____

****Tooele City Recorder's Office Information****

Date Entered: _____

Date New Business License Mailed: _____

COMMENTS:

Recorder's Office _____ Date

Fire Department _____ Date

Health Department _____ Date

Building Department _____ Date

Zoning Department _____ Date

Wastewater Department _____ Date
