



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 SOLICITOR(door-to-door): ____ 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 31ST OF EACH YEAR.*******

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

****IF AN INSPECTION IS REQUIRED 1ST 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. In the event of disapproval of a license, applicant will be notified. 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*******

BUILDING DEPARTMENT (signature) DATE
 APPROVED DENIED N/A REVISIONS
COMMENTS: _____

FIRE DEPARTMENT (signature) DATE
 APPROVED DENIED N/A REVISIONS
COMMENTS: _____

ZONING DEPARTMENT (signature) DATE
 APPROVED DENIED N/A REVISIONS
COMMENTS: _____

HEALTH DEPARTMENT (signature) DATE
 APPROVED DENIED N/A REVISIONS
COMMENTS: _____

WASTEWATER DEPARTMENT (signature) DATE
 APPROVED DENIED N/A REVISIONS
COMMENTS: _____

RECORDER'S OFFICE (signature) DATE
 APPROVED DENIED N/A REVISIONS
COMMENTS: _____

