



CITY OF BLUFFDALE
COMMERCIAL BUSINESS
LICENSE APPLICATION
2222 W 14400 South, Bluffdale, UT 84065
801-254-2200 ~ www.bluffdale.com

Please clearly print or type an answer to every question. Incomplete applications will not be accepted. Application submittal is required prior to opening. All required numbers must be obtained before application will be processed. All business licenses expire one (1) year from month of application.

SECTION I: Business Information

Business Name: _____

Business Address: _____

Mailing Address: _____

Local Business Phone: _____ Cell Phone: _____

Website: _____ Business Email: _____

*Business Activity: Please choose one (1) that best describes your business.

<input type="checkbox"/> Acct/Bookkeeping	<input type="checkbox"/> Computer/Internet	<input type="checkbox"/> HVAC	<input type="checkbox"/> Non-profit
<input type="checkbox"/> Agricultural	<input type="checkbox"/> Cleaning/Janitorial	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Online Services
<input type="checkbox"/> Animal Services	<input type="checkbox"/> Contractor/Construct.	<input type="checkbox"/> Lawyer/Attorney	<input type="checkbox"/> Real Estate Related
<input type="checkbox"/> Audio/Video	<input type="checkbox"/> Education/Lessons	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Photography
<input type="checkbox"/> Automotive	<input type="checkbox"/> Food Related	<input type="checkbox"/> Marketing/Retail	<input type="checkbox"/> Sexually Orient.
<input type="checkbox"/> Beauty/Salon Services	<input type="checkbox"/> Gym/Spa/Nutrition	<input type="checkbox"/> Medical/Dental	<input type="checkbox"/> Tobacco/Vapor Products
<input type="checkbox"/> Child Care/Preschool	<input type="checkbox"/> Home Office	<input type="checkbox"/> Multi-Family Resident.	<input type="checkbox"/> Other _____

When do you expect your business to open? _____

Do you want to be featured on Bluffdale City's "Shop Local" Facebook Page? No Yes (If yes, please email your ad to Jenn at jmorrill@bluffdale.com)

SECTION II: Federal and State Requirements

State Registration and Tax numbers can be obtained by logging onto www.osbr.utah.gov.

Ownership Type: Corporation Partnership LLC Sole Proprietor Other _____

Business Entity No: _____ Expires: _____ State Sales Tax No: _____

State License Type (if any): _____ No: _____ Expires: _____

SECTION III: Owner/Manager Information

Business Owner: _____

Name

Home Address

Phone: _____ Email: _____

Local Business Manager: _____

Name

Home Address

Phone: _____ Email: _____

SECTION IV: Business Description

of Employees: _____
(other than owner)

Describe your business in detail

Food Establishment: No Yes (If yes, include a copy of Health Permit)

Will your business include any of the following:

- Door to Door Sales No Yes
- Alcoholic Beverages No Yes
- Media of a Sexual Nature No Yes
- Alarm System No Yes
- Multi-Unit Residential No Yes # of units: _____

Do you use, store or manufacturing any chemical, combustible or hazardous materials? Yes / No If Yes, please explain on reverse.

SECTION VI: Fees

License Fees:	Application Fee (every application).....	\$15.00	\$ _____
	New Commercial	\$85.00	\$ _____
	Change of Location (Inspection Fee)	\$50.00	\$ _____
	Employee Fee	\$6.00/emp	\$ _____
	Inspections	\$50.00	\$ _____
	Other _____	see fee schedule	\$ _____

TOTAL FEES: \$ _____

Date pd _____ **Receipt #** _____ **Init** _____

SECTION V: Required Signatures

License is subject to approval from the Planning Department, Code Enforcement and Fire Department. It is expressly understood and agreed that the Bluffdale City Council may refuse to grant the license applied for, or if allowed, will be granted and accepted by Licensee on condition that it may be revoked at the will and pleasure of the City Council of the City of Bluffdale when, in their opinion, such action is necessary for the protection of the public health, peace or morals or for violation of laws or ordinances relating to business.

I/we do hereby confirm that the above information is a correct and true reflection of the applicant(s) and business. I agree to conduct business in accordance with the provisions of the most recently adopted Business License ordinance and any other ordinance or statues governing operation of said business. I understand that this application may be subject to audit, for billing purposes.

Applicant's Signature: _____ Date: _____

Print Name: _____

(For Office Use Only)

Zoning Clearance: _____ Yes _____ No _____ Date: _____

Fire Inspection: _____ Yes _____ No _____ Date: _____

NOTES: