



**CITY OF BLUFFDALE**  
**HOME BUSINESS**  
**LICENSE APPLICATION**  
2222 West 14400 South Bluffdale, UT 84065  
801-254-2200 ~ [www.bluffdale.com](http://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: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Business Email: \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Beauty/Salon Services                       | <input type="checkbox"/> Interior Design                        |
| <input type="checkbox"/> Consulting Services                         | <input type="checkbox"/> Mail Order                             |
| <input type="checkbox"/> Direct Sales and Distribution               | <input type="checkbox"/> Real Estate Sale, Broker, or Appraiser |
| <input type="checkbox"/> Data Processing, Computer Programming, etc. | <input type="checkbox"/> Contractor                             |
| <input type="checkbox"/> Home Crafts                                 | <input type="checkbox"/> Instructional Studio                   |
| <input type="checkbox"/> Cleaning/Janitorial                         | <input type="checkbox"/> Preschool or Child Care                |
| <input type="checkbox"/> Insurance Sales                             |   |

When do you expect your business to open? \_\_\_\_\_

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

**SECTION II: Federal and State Requirements**

State Registration and Tax numbers can be obtained by logging onto [www.osbr.utah.gov](http://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 IV: Business Description**

# Of employees working in the home: \_\_\_\_\_  
 (other than owner/owner's family) \*if more than one non bona-fide resident  
 will be working in the home approval is required by Planning Commission

Do you own the home?  Yes  No (If no, you must include a letter from  
 the owner giving you permission to conduct a business in the home)

Food Establishment:  Yes  No (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

**Describe your business in detail**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you use, store or manufacture any chemical, combustible or hazardous materials? Yes / No If Yes, fire department approval is  
 required prior to receiving license

**SECTION VI: Fees**

License Fees:	Application Fee .....	\$15.00	\$ _____
	Minor Home Occupation .....	\$0.00	\$ _____
	Major Home Occupation .....	\$50.00	\$ _____
	Employee Fee .....	\$6.00/emp	\$ _____
	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: \_\_\_\_\_

Exempt:  Yes  No

NOTES: