



Tooele City Corporation  
90 North Main  
Tooele, UT 84074  
(435)843-2100

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

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

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

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

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

**Receipt #:** \_\_\_\_\_

**Building Dept. #:** \_\_\_\_\_

**APPLICATION FOR BUSINESS LICENSE**

- COMMERCIAL BUSINESS
- HOME OCCUPATION BUSINESS
- LOCAL ITINERANT

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

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

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

ANY BUILDING REMODELING  YES  NO

**FOR CONTRACTORS ONLY: TYPE OF STATE LICENSE & NUMBER:** \_\_\_\_\_

TYPE OF ORGANIZATION:  Corporation  Partnership  Proprietorship  LLC

**\*\*\*\*\* 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)**

NAME OF OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_ hm \_\_\_\_\_ wk

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

NAME OF OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_ hm \_\_\_\_\_ wk

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

NAME OF MANAGER: \_\_\_\_\_ PHONE: \_\_\_\_\_ hm \_\_\_\_\_ wk

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

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

CHARACTER REFERENCE:

\_\_\_\_\_  
(NAME) (ADDRESS) (TELEPHONE)

**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 In the event of disapproval of a license, temporary privileges are immediately rescinded.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 DUILY 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