



**TOOELE CITY CORPORATION**  
**90 NORTH MAIN, TOOELE, UTAH 84074**  
**PHONE: (435) 843-2110**  
**FAX: (435) 843-2119**

**BUSINESS LICENSE**  
**CHANGE OF BUSINESS ADDRESS**

**PREVIOUS ADDRESS:**

*\*\*please print\*\**

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

**Business Name:** \_\_\_\_\_

**Owner(s) Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

I, \_\_\_\_\_ the above named owner of the above named business,  
would like to change the per stated business address as of this date \_\_\_\_\_ 20\_\_\_\_\_.

**NEW ADDRESS:**

**New Business Address:** \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

**New Mailing Address:** \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

**Business Owner Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_

<b>**Tooele City Recorder's Office Information**</b>		<b>COMMENTS:</b>
Date Entered: _____		
Date New Business License Mailed: _____		
Building Department	Date _____	_____
Zoning Department	Date _____	_____
Fire Department	Date _____	_____
Health Department	Date _____	_____
Wastewater Department	Date _____	_____
Recorder's Office	Date _____	_____