



**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 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\_\_\_\_.  
I, \_\_\_\_\_ have worked with the Building Department of Tooele City  
to obtain all needed permits and inspections (see attached copies if permits/inspections were  
needed).

**NEW ADDRESS**

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

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

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

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

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

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

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