



APPLICATION FOR BUSINESS LICENSE - **COMMERCIAL LOCATION**

(This is NOT a Business License)

City of Holladay

4580 S. 2300 E.
Holladay, Utah 84117
Phone: (801) 527-3890
Fax: (801) 527-3890

APPLICATION #: _____

Utah State Sales Tax ID Number: _____ --STC
(Please be sure this number is coded to the City of Holladay)

Please print clearly and firmly and fill out completely.

Please provide all items required within 30 days of this application submittal or this application is considered null and void.

Does this business require a Federal, Utah State or Salt Lake County license or contract? If yes, please attach.

Business Name/DBA: _____ Phone: _____ Fax: _____

Business Location (No PO Boxes): _____ Holladay, UT Zip: _____

Mailing Address (if different from above): _____ City/State: _____ Zip: _____

E mail: _____ Location Type: Residential Commercial

Local Agent/Contact Person: _____ Phone: _____ Fax: _____

Opening Date at This Location: _____ Is this a new type of business at this location? Yes No

Business Activity/Type: _____

Property Owner/Management Name: _____ Phone: _____

Property Owner/Management Address: _____

TYPE OF OWNERSHIP

Sole Owner: Name: _____

Partnership: Name(s) of General Partners: _____

Corporation: Name of Principal Officer: _____

Name of Corporation: _____

Other: Describe: _____

Address of Owner(s)/Partner/Principal Officer: _____ City/State: _____ Zip: _____

Federal EIN #: _____ Utah State Entity (optional): _____

It is unlawful to operate a business without a current license (Holladay Municipal Ordinance Section 5.606.020). Failure to obtain a business license prior to opening such business will result in a penalty being assessed (Holladay Municipal Ordinance Section 5.06.100).

It is the responsibility of the Licensee to be familiar with the ordinances under which this license is applied, and applicant hereby agrees to conduct said business strictly in accordance with the laws and ordinances covering such business.

All applications of business license are to be renewed yearly, on the anniversary date of original issue. Licenses renewed 30 days after the anniversary date of original issue will be assessed a penalty.

The Licensee is responsible for renewal each year. Failure to receive a renewal notice does not excuse this responsibility.

Signature: _____ Print Name: _____ Date: _____

PLEASE FILL OUT NUMBER OF EMPLOYEES – OTHER LINES ARE FOR OFFICE USE ONLY

Number of Employees: _____ (No charge)

License Fee: \$ _____

Vehicles/Units: \$ _____

Alcohol: \$ _____

Penalty: \$ _____

Zoning: \$ _____

Total \$ _____

Category Fees & Codes:

Code	Description	Units	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ncsalpha #: _____

Parcel ID#: _____

Zone: _____

Approving Signature: _____

- Zoning Fire Police DBA Fee Tax Coded SL Co Health
- Professional License Tobacco License Local Consent DABC
- Conditional Use, if required Dept of Human Services License BCI

COMMENTS: