

Santaquin City Corporation
New Business License Application



275 West Main, Santaquin, Utah 84655
 (801) 754-3211 Fax (801) 754-3526
www.santaquin.org

HOME OCCUPATION BUSINESS LICENSE APPLICATION

It is *strongly* advised that all business license applications be submitted well in advance of all deadlines. All business licenses must be reviewed and approved by the appropriate City Departments prior to operation of the business. State law requires all business names be registered with the Utah Department of Commerce. Business licenses expire on December 31st of each year.

Applicant's Information				
Name:		Home Phone Number:		Date of Birth:
Home Address:		City:	State:	Zip Code:
Email Address:		Cell Phone Number:		Fax Number:
Title or Agent (<i>as applicable</i>):		Driver License Number:		Social Security Number:
Business Information				
Business Name:			Business Property Address (<i>if different</i>):	
Business Mailing Address:			Business Phone Number:	Tax ID Number:
City:	State:	Zip Code:	Department of Commerce Entity Number:	
Property Owner Information: If the applicant is not the property owner, provide written approval from the property owner for the business to be conducted at the proposed location.				
Owner's Name:			Phone Number:	
Home Address:	City:	State:	Zip Code:	
Business License Requested				
Please Check One	<input type="checkbox"/> Temporary Business License (120 days) <input type="checkbox"/> Home or Premises Occupation <input type="checkbox"/> Other (<i>explain</i>)			
Description of Home Occupation. (Attach additional description if needed.)				
Number of Employees: _____				
Operational Hours: _____				
Detailed Description of Business Activities: _____				

Impact Information

Estimated number of patrons visiting the home hourly and daily (if any):	Floor area size devoted to business:
Number and type of vehicles used in the business (if any):	Storage area devoted to business (if any):

Possible Environmental Impacts	If you would like your business information displayed on the Santaquin City website and other City social media accounts, please mark which information you would like included.
<input type="checkbox"/> Noise <input type="checkbox"/> Dust <input type="checkbox"/> Fumes <input type="checkbox"/> Vibration <input type="checkbox"/> Smoke <input type="checkbox"/> Electrical Interference <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Flammable Material <input type="checkbox"/> Unsafe Materials <input type="checkbox"/> Unsafe Equipment	<input type="checkbox"/> Business Name <input type="checkbox"/> Business Address <input type="checkbox"/> Business Contact Information <input type="checkbox"/> Brief Business Description <input type="checkbox"/> I would not like my business information shared.

For Staff Purposes Only

Application Review & Certification (for City use only)

<input type="checkbox"/> Planning: _____ <input type="checkbox"/> Building Inspection: _____ <input type="checkbox"/> Fire Inspection: _____ <input type="checkbox"/> Police: _____ <input type="checkbox"/> City Manager: _____ <input type="checkbox"/> Business License Admin: _____	DATE: _____	License Fee: _____ Payment Date: _____ BL-Number: _____
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***Applicant's Signature** - By signing this application, you testify the information provided is complete, accurate and, is in compliance with Title 10 Chapter 40 of the Santaquin City Code.

Signature: _____	Date of Application: _____
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