

**Santaquin City Corporation**  
**New Commercial Business License Application**



275 West Main, Santaquin, Utah 84655  
 (801) 754-3211 Fax (801) 754-3526  
[www.santaquin.org](http://www.santaquin.org)

**COMMERCIAL 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 31<sup>st</sup> of each year.

<b>Applicant's Information</b>			
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:
<b>Business Information</b>			
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:
<b>Property Owner Information:</b> 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:
<b>Business License Requested</b>			
Please Check One	<input type="checkbox"/> Commercial or Industrial <input type="checkbox"/> Other ( <i>explain</i> ) <input type="checkbox"/> Class "A" Beer License (off-premise) <input type="checkbox"/> Class "B" Beer License (on premise)		
<b>Description of Commercial Occupation. (Attach additional description if needed.)</b>			
Number of Employees: _____			
Operational Hours: _____			
Detailed Description of Business Activities: _____			
_____			
_____			

## Impact Information

Application Date:	Anticipated Opening Date:	Floor area size devoted to business:
Will your business be selling tobacco? If yes, please provide a copy of your <i>Utah County Tobacco Retailer Permit</i> . <input type="checkbox"/> Yes <input type="checkbox"/> No		Storage area devoted to business (if any):
<b>Possible Environmental Impacts</b>		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.

## Application Review & Certification (for City use only)

DATE: _____	License Fee:
<input type="checkbox"/> Planning: _____	Payment Date:
<input type="checkbox"/> Building Inspection: _____	BL-Number:
<input type="checkbox"/> Fire Inspection: _____	
<input type="checkbox"/> Police: _____	
<input type="checkbox"/> City Manager: _____	
<input type="checkbox"/> Business License Admin: _____	

**\*Applicant's Signature** - By signing this application, you testify the information provided is complete, accurate and, is in compliance with Title 10 Chapter 12 of the Santaquin City Code.

Signature: _____	Date of Application:
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