

The City of South Salt Lake Business Licensing  
220 East Morris Avenue Ste. 200  
South Salt Lake UT 84115  
(801) 483-6063 FAX (801) 483-6060



**Please be aware of the following regarding the issuance of your business license:**

1. Submitting a business license application does not authorize the applicant to conduct business until formally approved. Within 30 days, all applications will either be approved or denied, and notification will be sent to the applicants. Conducting business without license approval is illegal.
2. The attached required business licensing checklist is provided as a guide to help you determine whether your building meets minimum building code requirements. You are responsible for having all items on the list completed before operating your business.
3. Permits are required for all building changes, additions and remodels. Permits are also required for installation of new signs or alterations to existing ones. Please call 483-6005 for information on building permits.
4. Your business operation and building will be re-inspected periodically by the Fire and the Building Department. Business licenses are reviewed at the time of renewal, to assure continued compliance with all applicable City Ordinances.
5. Application fees are non-refundable.
6. Your license is valid only for the address on the application. A change in location requires reapplication for licensure. Multiple locations require a separate license for each location.

If you have any questions, please call the Business License Department at 483-6063.

City of South Salt Lake  
**COMMERCIAL BUSINESS LICENSE APPLICATION**  
220 E Morris Ave. South Salt Lake City, Utah 84115

Business Name: \_\_\_\_\_ Phone \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street number) (City) (State) (Zip)

Mailing Address: \_\_\_\_\_  
(Street number) (City) (State) (Zip)

Local Contact Person/Position \_\_\_\_\_ Phone \_\_\_\_\_

Description of all business operations: \_\_\_\_\_  
\_\_\_\_\_

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State Sales Tax #: \_\_\_\_\_ EIN # \_\_\_\_\_ E-Mail: \_\_\_\_\_

Utah Div. of Occupational/Prof. License #: \_\_\_\_\_ Type \_\_\_\_\_

Has this business been registered with the Utah State Commerce Department? \_\_\_\_ Yes \_\_\_\_ No

Is This a New Type of Business at This location? \_\_\_\_ Yes \_\_\_\_ No No. of parking stalls \_\_\_\_\_

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Business Owner Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Birth Date of Owner or responsible person: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Birth Date of Owner or responsible person: \_\_\_\_\_

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**This form is an application for a business license. The receipt of license fees does not constitute approval to operate a business. The business license will be issued when all reviews are complete. Renewal of this license is the responsibility of the business owner. Failure to receive a renewal notice does not excuse this responsibility.**

**I attest that all information on this application is true and correct. I also agree to comply with all requirements of the South Salt Lake Municipal Code**

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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Date Received: \_\_\_\_\_

Receipt No. \_\_\_\_\_

No. of employee(s) and owners \_\_\_\_ X \$6. = Employee Fee

License No. \_\_\_\_\_

Basic License: \$ 85.00 \_\_\_\_\_

Regulatory: \$ \_\_\_\_\_

(Not prorated)

Employee fee \$ \_\_\_\_\_

Vehicles: \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

*Office Use Only Zoning Approval*

Use: \_\_\_\_\_

Approving Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

Zone: \_\_\_\_\_

Date \_\_\_\_\_

## REGULATORY LICENSE FEE

(PLEASE CHECK ALL THAT APPLY)

ALCOHOL APPLICATION FEE	_____	\$50.00
CLASS "A" BEER RETAIL	_____	\$300.00
CLASS "B" BEER RESTAURANT	_____	\$1,000.00
CLASS "C" BEER – TAVERN	_____	\$1250.00
LIQUOR	_____	\$400.00
BOWLING ALLEY	_____	\$15.00 per lane
CABARET	_____	\$100.00
AMUSEMENT DEVICES	_____	\$30.00 EACH
POOL TABLES	_____	\$30.00 EACH
VENDING MACHINES	_____	\$5.00
PAWN SHOP	_____	\$300.00
TOBACCO	_____	\$30.00
GAS STATION	_____	\$25.00/PUMP

### REGULATORY FEES ARE NOT PRORATED

ESCORT BUREAU \_\_\_\_\_ \$2,000.00

### SEXUALLY ORIENTED BUSINESSES

ADULT BUSINESSES \_\_\_\_\_ \$300.00 + \$2000.00 BOND  
SEMI-NUDE DANCING BARS \_\_\_\_\_ \$300.00 + \$2000.00 BOND

### MOTOR VEHICLE LICENSE FEE

Any vehicle your company owns or leases that is used to do business from your South Salt Lake location

MOTOR VEHICLE LICENSE FEES (DECALS): \_\_\_\_\_ \$25.00



# DISCHARGE QUESTIONNAIRE

New Business Form     Renewal Form

## Section: 1.

Name of Business: \_\_\_\_\_

Property Address: (street, city, zip) \_\_\_\_\_

Mailing Address: (street, city, zip) \_\_\_\_\_

Contact Person: (Name) \_\_\_\_\_

Contact Person: (Title) \_\_\_\_\_ Phone # \_\_\_\_\_

Facility is: Owned:  Leased:  Home Business:  Other: \_\_\_\_\_

**Need:** Brief description of business, products produced, services provided, etc. \_\_\_\_\_

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## Section: 2.

Average Number of Employees: Day: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Night: \_\_\_\_\_ Total: \_\_\_\_\_

Check Types of Wastewater Discharges:

Sanitary wastes (rest rooms)  Non-contact Cooling Water  Contact Cooling Water

Equipment Wash down  Boiler Blow down

Process Waste Water Discharge(s):

*If no "Process Waste Water" go to Section: 3.*

Process Wastes: (List Types) \_\_\_\_\_

Other discharges: \_\_\_\_\_

List Expected Daily Water Use Gallons Per Day (GPD) \_\_\_\_\_

Are any of your process discharges regulated by Federal Categorical Discharge Standards? Yes  No

If yes, list Standards: Code of Federal Regulations (CFR) \_\_\_\_\_

Will any chemicals be used or stored on site? Yes  No

If yes, list chemicals that will be on site in quantities of 55 gallons or more on the back of this form.

Will any hazardous waste be generated at this facility? Yes  No

If yes, list types on the back of this form.

*Any Questions please call Central Valley Water Reclamation Facility Industrial Pretreatment Department (801) 973-9100*

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## Section: 3.

I have personally examined and am familiar with the information submitted in this report and any attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the information reported herein, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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( FOR C.V.W.R.F. USE ONLY )

Business Classification: ( \_\_\_\_\_ ) \_\_\_\_\_

Is there a (GOSI) Installed at this location: Yes  No       Is a (GOSI) Needed at this location: Yes  No

Reviewed by: (CV) \_\_\_\_\_ Date: \_\_\_\_\_

**CHEMICALS USED**

<b>CHEMICAL NAME</b>	<b>AMOUNT STORED</b>	<b>AMOUNT USED</b>

**HAZARDOUS WASTES**

<b>NAME</b>	<b>EXPECTED MONTHLY GENERATION QUANTITY</b>	<b>DISPOSAL METHOD</b>



# SOUTH SALT LAKE BUSINESS RESPONSIBLE LIST



BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

BUSINESS PHONE NUMBER(S) \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

	RESPONSIBLE NAME	CELL PHONE/PAGER	HOME PHONE
1 <sup>ST</sup>	_____	_____	_____
2 <sup>ND</sup>	_____	_____	_____
3 <sup>RD</sup>	_____	_____	_____
4 <sup>TH</sup>	_____	_____	_____

BUSINESS OWNER \_\_\_\_\_

ALARM COMPANY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

MISCELLANEOUS NOTES AND OTHER INFORMATION. INCLUDE ANY ENTRY CODES FOR GATES OR DOORS THE RESPONDERS MAY NEED.

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RESPONSIBLE LISTS ARE FOR POLICE DEPARTMENT TO CALL IN CASE OF EMERGENCY IF YOUR INFORMATION NEEDS TO BE UPDATED PLEASE DO SO AND MAIL THIS FORM TO:

SOUTH SALT LAKE POLICE DEPARTMENT  
 ATTN: DISPATCH  
 220 E MORRIS AVENUE STE. 200  
 SOUTH SALT LAKE UT 84115



Do it all online: *File and pay your taxes.  
Manage your account(s).*



## 1 — General Information

1a. Social Security Number (SSN)  
(required for individual sole proprietor)

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Federal Employer Identification Number (EIN)  
(required for all entities other than sole proprietor)

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1b. Existing Sales Tax Account Number  
(required for all accounts, if issued)

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<b>1c. Name of Business Entity - PRINT</b> If you are a sole proprietor, write your name here			Daytime phone number
Owner's street address			Cell phone number
City	County	State	ZIP code
Business website address (URL)			

## 1d. Certain Sales Activities

Mark "yes" for each question below that applies to any of the outlets you are reporting:

- a. Will you have sales of **grocery food**? .....  Yes  No
- b. Will you sell motor vehicles, aircraft, watercraft, manufactured homes, modular homes or mobile homes in municipalities imposing the resort communities tax? .....  Yes  No
- c. Will you have **retail sales of new tires**? .....  Yes  No
- d. Are you a **restaurant**? .....  Yes  No
- e. Will you **rent motor vehicles** to customers for 30 days or less? .....  Yes  No

## 2 — Additional/New Business Locations

<b>DBA/Business Name</b> Business or trade name at this physical location		Business start date for this location		<b>Office Use Only</b>					
Physical street address of business (P.O. Box not acceptable)		Business telephone number						County	[ ][ ]
City	County	State	ZIP code					City Code	[ ][ ][ ]
<b>Required:</b> Local Utah government issuing business license for this location								SIC Code	[ ][ ][ ][ ]
<b>Business Description</b> If business or product is different from main business location, describe here for this location				USTC SIC	[ ][ ][ ][ ]				
<b>Lodging Services:</b> Will you provide motel, hotel, trailer court, campground or other lodging services at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No				NAICS	[ ][ ][ ][ ][ ]				
				a. G	b. X	c. W	d. T	e. F	f. L

**Continued on next page (back side)**

<b>▶ DBA/Business Name</b> Business or trade name at this physical location		Business start date for this location		<b>Office Use Only</b>						
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City	County	State	ZIP code					City Code	[ ][ ][ ]	
<b>Required:</b> Local Utah government issuing business license for this location								SIC Code	[ ][ ][ ][ ]	
<b>Business Description</b> If business or product is different from main business location, describe here for this location								USTC SIC	[ ][ ][ ][ ]	
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				a. G	b. X	c. W	d. T	e. F	f. L	

### 3 — Authorized Signature

Signature of Authorized Applicant or Owner (Application will not be accepted without original signature)

Date



## Additional Business Locations for Sales Tax Accounts

### General Information

Use this form to register additional business locations for a new or existing sales tax account.

### Instructions

- 1a. You must provide a valid Social Security Number or Federal Employer Identification Number.
- 1b. If you are already registered with the Tax Commission and you are adding locations to an existing sales tax account, you must also provide your Sales Tax Account Number.
- 1c. You must provide the owner's name, daytime phone number, street address (PO Box not acceptable), city, county, state and ZIP.
2. You must provide all information for each location:
  - DBA/business name
  - Business telephone number
  - Physical street address of business
  - City, County, State and Zip code
  - Local government issuing business license
  - Business description, if business or product is different than at the main business location
3. An authorized applicant or owner must sign this form.

Return the completed form to the Tax Commission at the following address:

**Master File Maintenance  
Utah State Tax Commission  
210 North 1950 West  
Salt Lake City, UT 84134-3310**