

City of Taylorsville

Community Development Department
2600 West Taylorsville Boulevard
Taylorsville, Utah 84129

Phone: (801) 963-5400 Fax: (801) 955-2052



RESIDENTIAL RENTAL LICENSE APPLICATION

Application For: New Business Change of Ownership Add Dwelling Remove Dwelling
Rental Type: Apartment Complex Multi-family Building Duplex Single Family Rental(s)

Name of Applicant: _____

Business Name (if applicable): _____

Mailing Address: _____

(Street Address - No P.O. Boxes)

(City)

(State)

(Zip)

Business (Rental) Location: _____

(Street Address - No P.O. Boxes)

(City)

(State)

(Zip)

Business Phone: _____ **Fax:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Ownership Type: Corporation LLC Partnership Sole Proprietor

If Corporation, List Corporation Name: _____

Contact/Responsible Party Information:

Information On: Sole Proprietor Partner* President Property Manager

Name: _____ **Phone:** _____

Address: _____

Email: _____

Information On: Property Manager Partner*

Name: _____ **Phone:** _____

Address: _____

Email: _____

*Please note that this information is required for all partners – attach additional sheets if necessary

I have been informed of the Good Landlord Program and [I do] or [I do not] wish to participate at this time.

New Applicants of the Good Landlord Program must also submit a Good Landlord Program Application and Good Landlord Program Agreement in order to participate in the program.

Total Number of Rental Units: _____ **Is a Building Remodel Proposed?** Yes No

Estimated Starting Date: _____

This form is an application for a business license only. Please note that the completion of the *Residential Rental Business License Application* and payment of all applicable fees does not constitute approval to operate a rental dwelling. The dwelling may be rented only after all applicable approvals and a business license has been issued. Operating a business without an approved business license constitutes a Class "B" Misdemeanor.

I, _____, hereby agree to conduct said business strictly in accordance with all Taylorsville Codes governing such businesses and certify under penalty of perjury, that the information contained herein is true and correct.

Signature: _____ **Date:** _____

For your information...

For more information regarding the business license application process, please refer to Taylorsville information form **L-13 Rental Dwelling Licensing Information** available from the Community Development Department at Taylorsville City Hall or www.taylorsvilleut.gov.

Distribution: Office (White) Code Enforcement (Blue) Customer (Gold)

Office Use Only

Date Received: _____

City ID #: _____

Receipt #: _____

Code #: _____

GLL Request: Yes No

GLL Approved: Yes No

No. of Units: _____ @ _____

Base Fee: \$ _____

Disproportionate Fee: \$ _____

Other _____: \$ _____

Total: \$ _____

Comments: _____

Planning Department

Zoning Designation: _____

Parcel #: _____

Reviewed By: _____ Date: _____