

City of Taylorsville

Community Development Department

2600 West Taylorsville Boulevard

Taylorsville, Utah 84129

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

www.taylorsvilleut.gov



BUSINESS LICENSE APPLICATION

Application For: New Business Change of Ownership New Location

Business Name: _____
(Please Attach Copy of Business Name Registration from the Utah Department of Commerce)

Business Location: _____
(Street Address - No P.O. Boxes)

(City) (State) (Zip)

Business Phone: _____ Fax: _____

Mailing Address (if different): _____
(Street)

(City) (State) (Zip)

Ownership Type: Corporation LLC Partnership Sole Proprietor

If Corporation, List Corporation Name: _____

Contact/Responsible Party Information:

Local Contact: Manager Owner Other: _____

Name: _____ Home or Cell Phone: _____

Address: _____

Email: _____

Information on: President General Partner* Sole Proprietor Manager

Name: _____ Phone: _____

Address: _____

Email: _____

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

Utah State Sales Tax #: _____

Hours of Operation: _____ No. of Employees: _____

Is a Tenant Finish or Building Remodel Proposed for this Business? Yes No Estimated Starting Date: _____

Detailed Nature of Business: _____

This form is an application for a business license only. Please note that the completion of the business license application and payment of all applicable fees does not constitute approval to operate a business. Business operations may commence only after all applicable approvals have been given and a business license has been issued. Operating a business without an approved business license constitutes a criminal violation.

I, _____, hereby agree to conduct said business strictly in accordance with all Taylorsville City Codes governing such businesses
(clearly print or type name)

and swear under penalty of perjury, that I have examined the information contained herein and to the best of my knowledge and belief, it is true, correct, and complete.

Signature: _____ Date: _____

Office Use Only

Date Received: _____

City ID #: _____

Receipt #: _____

Code #: _____

License Category: _____

Base Fee: \$ _____

Disproportionate Fee: \$ _____

Other _____: \$ _____

Other _____: \$ _____

Total: \$ _____

Planning Division Review

Zoning Designation: _____

Parcel #: _____

Land Use: _____

PU AC NC Non Permitted Use

Reviewed By: _____ Date: _____

Comments: _____

FOR YOUR INFORMATION...

For more information regarding the business license application process, please refer to Taylorsville City information form **L-1 Applying for a Business License** or **L-1S Solicitando una Licencia por Negocios Comerciales** available from the Taylorsville Community Development Department at Taylorsville City Hall or www.taylorsvilleut.gov.