

**BUSINESS LICENSE
APPLICATION**

CITY OF SANTA CLARA

GENERAL LCENSE

2603 SANTA CLARA DRIVE
SANTA CLARA, UTAH 84765

FEE: \$50.00

PHONE: (435) 673-6712 FAX: (435) 628-7338 WEB SITE: www.sccity.org

DATE: _____ Business License Type: Commercial Home Occupation Beer or Alcohol Tobacco
Check all that apply-complete separate applications for beer, alcohol or tobacco licenses

Name of Business: _____

Address at Which Business
Will be conducted: _____

City State Zip

Mailing Address (if different): _____

Business Phone: _____ Emergency Phone: _____

Name of Applicant: _____ SSN# _____ Phone: _____

Residence of Applicant: _____
City State Zip

Email Address: _____

Specify Business to be conducted: _____

Business is: Corporation Sole Proprietorship Partnership Limited Liability Company

List all Owners other than Applicant: _____

Federal Tax ID#: _____ Sales Tax # (Attach Copy): _____

If required to be licensed by State, Check here: **ALSO: ATTACH COPY OF STATE LICENSE**

Copy of Driver's License or other Proof of Identity (Please attach copy)

Will tobacco products be sold at business? Yes No (If yes, must obtain Tobacco Sales Business License)

Is this a Sexually Oriented Business? Yes No

List Any Other Business Owned by Applicant (Name & Address): _____

HOME OCCUPATION ORDINANCE: (If Applicable, Applicant must obtain Home Occupation Conditional Use Permit Prior to Obtaining a Business License.) **I will comply with the provisions of the City's Ordinance for Home Occupation**

Signature: _____ Date: _____

Application Completed By (please print): _____ Title: _____

I understand that falsifying any information on this application constitutes sufficient cause for Rejection or Revocation of my License. I also understand that the City License Officer may require additional information as permitted by the City Ordinance, and also agree to supply the same as part of this application.

Authorized Applicant signature: _____ Date: _____

****Note: No Business License will be issued without Proof of Registration of Business Name with the State of Utah and a Copy of all Documents Requested.**

OFFICE USE: Home Occupation Issued? [Yes] [No] CUP Fee Collected? [Yes] [No] Copy Attached? [Yes] [No]

Proof of Registration with the State? [Yes] [No] Copy of Current State License? [Yes] [No]

License Fee: \$ _____ Late Fee: \$ _____ City Approved by: _____ City License # _____