

**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](http://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: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Dept. of Commerce Entity #: \_\_\_\_\_

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.**

<p><b>OFFICE USE:</b> Home Occupation Issued? [Yes] [No] CUP Fee Collected? [Yes] [No] Copy Attached? [Yes] [No]</p> <p>Proof of Registration with the State? [Yes] [No] Copy of Current State License? [Yes] [No]</p> <p>Fire Safety Inspection Date: _____</p> <p>License Fee: \$ _____ Late Fee: \$ _____ City Approved by: _____ City License # _____</p>
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