



# BUSINESS LICENSE APPLICATION

4150 South 3900 West ~ West Haven, UT 84401

Phone: (801) 731-4519 Fax: (801) 731-1002

[www.westhavencity.com](http://www.westhavencity.com)

**Business Status:**  New Business  Renewal  Location Change  Ownership Change

**Date your business is opening:** \_\_\_\_\_

**STATE SALES TAX#** \_\_\_\_\_

(If you are a retail business-Please attach copy of your certificate)

**Federal EIN#** \_\_\_\_\_ (if you have employees)

**State License#** \_\_\_\_\_

**Registered Business Name:** \_\_\_\_\_

**DBA (Doing Business As):** \_\_\_\_\_

**BUSINESS LOCATION:** Physical Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Business email: \_\_\_\_\_

**CONTACT INFO:** Manager's Name: \_\_\_\_\_  
Owner's Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Owner's Address \_\_\_\_\_

Is this building or property leased or rented? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Owners Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_

**TYPE OF BUSINESS:**  Home Occupation  Home Daycare (Level 1)  Home Daycare (Level 2)  Preschool

Preschool (non-residential)  Regular/Minor  Major  Big Box/Plaza's/Market  Temporary (1-30 days)

Describe your Business in detail: \_\_\_\_\_  
\_\_\_\_\_

## APPLICANT'S AGREEMENT

This form is an application for a Business License. The actual license will be issued only when the business is found to be in compliance with all local, state, and federal building codes and zoning ordinances and all inspections are completed and approved by the necessary City departments.

I, the undersigned, hereby agree to conduct said business strictly in accordance with all West Haven City codes governing such business, and swear under penalty of law that the information contained herein is complete, truthful and accurate to the best of my knowledge and current belief. **I also acknowledge the responsibility to renew the business license on or before January 1<sup>st</sup>. If the renewal fee is not paid on or before February 1<sup>st</sup>, a penalty fee of 50% of the total amount shall be due.**

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

## OFFICE USE ONLY

APPROVED  DENIED

Licensing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

License #: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Amount: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Type of Payment:

Cash  Credit Card  Check # \_\_\_\_\_