



CITY OF SARATOGA SPRINGS BUSINESS LICENSE APPLICATION

1307 North Commerce Drive, Suite 200, Saratoga Springs, Utah 84045
(801) 766-9793 ♦ www.saratogaspringscity.com

<i>For Office Use Only:</i>		
Application Received By:	Date:	License No.:
Amount Paid:	Receipt No.:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card

Please clearly print or type an answer to every question. Incomplete applications will not be accepted. Applications submittal is required prior to opening to prevent the penalty fee as required by Saratoga Springs City Code § 5.01.15(2). All federal and state numbers must be obtained before application and fee will be accepted. License renewals are due each year upon the anniversary of issuance. Your business license will indicate the expiration date. **IT IS THE BUSINESS'S DUTY TO APPLY FOR ALL RENEWALS.** Please allow up to two weeks for processing. If you have any questions, or need assistance in completing this application, please contact the City Recorder's Office at (801) 766-9793.

SECTION I: Business Information

Firm or Business Name: _____

Full Business Address: _____

Full Mailing Address: _____

Local Business Phone: _____ Corporate Business Phone: _____

Business Email address: _____ Business Fax Number: _____

Hours of Operation: _____ Number of Employees: _____

Website: _____

SECTION II: Federal and State Requirements

Federal and State numbers can be obtained by logging onto www.business.utah.gov/registration.html (OneStop Business Registration). You may also visit www.utah.gov. The nearest State Tax Commission office can be reached at (801) 374-7070 or 150 East Center Street, Suite 1300, Provo, Utah 84606.

Ownership Type: Corporation Partnership Proprietorship LLC Other: _____

State Sales Tax No.: _____ Business Entity No.: _____

Federal ID No.: _____ Employer Withholding No.: _____

State License Type (if any): _____ No.: _____ Expires: _____

Federal License Type (if any): _____ No.: _____ Expires: _____

SECTION III: Responsible Persons

Business Owner: _____
Name Address

Phone Number: _____ Email Address: _____

Date of Birth: _____

Local Business Manager: _____
Name Address

Phone: _____ Email Address: _____

Section IV: Business Description

Describe your business in detail here:

Check if your business includes any of the following:

- Food Establishment (Please include copy of Health Permit)
- Alcoholic Beverages (Please include copy of liquor license)
- Working with minors (Background check may be necessary)
- Dancing
- Amusement Devices

Please answer the following if this is a home occupation:

Number of Customers/Deliveries per Day: _____

**Note: Three or more customers or deliveries per day also requires a home occupation permit, which is a separate application and is only allowed in single family homes.*

Section V: Required Signatures (Valid three months from date signed)

Application must be filled out completely before the following signatures are sought.

Zoning Clearance: _____ Date: _____
(Planning Department, 1307 N. Commerce Dr., Suite 200, 801-766-9793)

Fire Inspection: _____ Date: _____
(Please call Fire Department for an appointment at 801-766-6505)

Building Inspection: _____ Date: _____
(Building Department, 1307 N. Commerce Dr., Suite 200, 801-766-9793)

Section VI: Fees**

Base Fee: \$50.00 per year

+

Number of Full-time Employees _____ (*\$25.00 for each full-time employee*), subtotal: _____

Number of Part-time Employees _____ (*\$12.50 for each part-time employee*), subtotal: _____

+

Processing Fee: \$25.00 (one-time fee) =

Total: _____ (Maximum fee is \$500.00 per year)

****There is no fee for Home Occupations unless after review, and possible inspection, it has been determined the combined offsite impact of the home based business and the primary residential use materially exceeds the offsite impact of the primary residential use alone.**

Section V: Signature and Acknowledgement

I, the undersigned, having authority to do so in behalf of the business applying hereon, hereby agree to conduct said business strictly in accordance with all Saratoga Springs City codes and ordinances, as well as all County, State, and Federal laws and regulations governing operations of such business. I acknowledge that this is not a business license, but is an application for such and that a penalty may be issued for operating a business without a license. I swear under penalty of law that the information contained herein is true and correct. I understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law.

Print Applicant's Name: _____

Applicant's Signature: _____ Date: _____



Saratoga Springs Fire & Rescue



Jess L. Campbell – Fire Chief

BUSINESS LICENSE APPLICANT SURVEY

This survey is designed to assist in identifying business that will require a fire department review or inspection prior to the issue of a new business license or before the renewal of a current license. Please fill out the business license application and this form and the fire department will review both documents to determine if an inspection is needed. If no inspection is needed, the Fire Department will sign both forms, which can be submitted to the City Recorder for processing. If an inspection is needed, please schedule an inspection with the Fire Department before submitting your application to the City Recorder.

YES	NO	FIRE DEPARTMENT SURVEY QUESTIONS
<input type="checkbox"/>	<input type="checkbox"/>	1. Is the license associated with new commercial construction?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does the commercial business have a fire sprinkler, restaurant kitchen hood, FDC, or other type of suppression system?
<input type="checkbox"/>	<input type="checkbox"/>	3. If this is a home business does public occupancy occur at the home? (Salon, Massage, Daycare, Preschool, Other)
<input type="checkbox"/>	<input type="checkbox"/>	4. Is there combustibile dust production? (Wood/Metal Shop or Fabrication)
<input type="checkbox"/>	<input type="checkbox"/>	5. Is there a spray paint booth?
<input type="checkbox"/>	<input type="checkbox"/>	6. Are propane tanks stored on site for the purpose of the business? +125 gallons
<input type="checkbox"/>	<input type="checkbox"/>	7. Are there aboveground or belowground flammable combustibile liquid storage tanks?
<input type="checkbox"/>	<input type="checkbox"/>	8. Is there High-piled storage? (Close proximity storage of combustibles on pallets or in shelving that exceeds 12 feet in height.)
<input type="checkbox"/>	<input type="checkbox"/>	9. Are chemicals or other hazardous materials stored for business purposes?

*A “YES” response to any of the above questions will require fire department review and inspection.

*If this is a home business and all boxes are checked “NO” the owner will be required to conduct a “Self Fire Inspection” form and return it to the city before a permit is issued.

ACTION REQUIRED

<input type="checkbox"/>	Fire Company Inspection Required (contact fire department to schedule)
<input type="checkbox"/>	Fire Chief Inspection Required (contact fire department to schedule)
<input type="checkbox"/>	Self-Fire Inspection Required
<input type="checkbox"/>	No Fire Inspection Required
Fire Chief Signature	
Date	

995 West 1200 North, Saratoga Springs, Utah 84045
 Station # 262 (North)
 (801)766-6505 Fax (801)766-3180