



CITY OF SARATOGA SPRINGS  
BUSINESS LICENSE APPLICATION

1307 North Commerce Drive, Suite 200, Saratoga Springs, Utah 84045  
(801) 766-9793 ext. 196 ♦ [www.saratogaspringscity.com](http://www.saratogaspringscity.com)  
kmoss@saratogaspringscity.com

Please clearly print or type an answer to every question. Incomplete applications will not be accepted. Application 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 Business License Administrator at (801) 766-9793 ext. 196.

**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: \_\_\_\_\_ Website: \_\_\_\_\_

**SECTION II: Federal and State Requirements**

Federal and State numbers can be obtained by logging onto [https://corporations.utah.gov/online\\_bus\\_reg.html](https://corporations.utah.gov/online_bus_reg.html) (OneStop Business Registration). You may also visit [www.utah.gov](http://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:

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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: Department Review**

The business license administrator will distribute this application to the following departments for review: Zoning, Fire, Building, and Police. Upon review additional inspections or permits may be required. You may be contacted to complete additional requirements and a business license cannot be issued until they are satisfied.

**SECTION VI: Inspections/Testing Required, if applicable**

If your business has a cross-connection or backflow preventer installed, you will need to include a copy of the Annual Backflow Test. For more information, including a link to find a Certified Backflow Technician, please go to <https://www.saratogaspringscity.com/752>

If there is a storm water treatment system device, such as a retention/detention basin and/or oil/water separator on your business’s property, that device needs to be inspected annually and the inspection form remitted. For more information, please see the Long-Term Storm Water Management section at <https://www.saratogaspringscity.com/352>

**Section VII: Fees\*\***

**Base Fee: \$50.00 per year**

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Number of Full-time Employees \_\_\_\_\_ x *\$25.00 for each full-time employee*, subtotal: \_\_\_\_\_

Number of Part-time Employees \_\_\_\_\_ x *\$12.50 for each part-time employee*, subtotal: \_\_\_\_\_

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**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 VIII: 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: \_\_\_\_\_

Form updated 10-19-2020



# 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 combustible 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 combustible 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

Kris Poulson  
Assessor  
801.851.8275

Burt Garfield  
Chief Deputy Assessor  
801.851.8285

Peter Jeppsen  
Commercial Manager  
801.851.8299

Dear Business Owner,

Congratulations on the establishment of your new business, as a new business owner there are some obligations that you need to fulfill as a responsible business owner.

Utah State Legislation requires that each business file an affidavit each year with the Assessor’s Office declaring their taxable property. This affidavit allows you to list the equipment and supplies you use for your business. Affidavits are sent at the beginning of each new year. If your business equipment has less than \$15,000 (2021) in market value then you may be exempt from paying any taxes, **this does not exempt you from filing each year**. Any failure to file can result in fines, interest, estimations, and audits.

Our office searches through State and City business registries, information from leasing agencies, field research, and State Audits to locate any business operating within Utah County. Any change in either status of the business or account information must be reported to us immediately. In addition, if you are closing a business, you must inform us in writing, as well as inform the City and State agencies. Failure to do so may keep your account active and additional penalties and interest may accrue.

Please fill out and return the attached form below to:

**Utah County Assessor - Personal Property**  
**100 E Center Street, Rm 1105**  
**Provo, UT 84606 or FAX 801-851-8282**

If you have any questions about this tax, information can be found on our website at [www.utahcounty.gov/ppfile](http://www.utahcounty.gov/ppfile) or you can call 801-851-8295 and we will be happy to assist you.

Please Cut Here

**NEW BUSINESS INFORMATION FORM**

*Please Print Clearly*

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

**Owner Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Nature of business:** \_\_\_\_\_

**Date business started:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_