



APPLICATION FOR BUSINESS LICENSE

COMMUNITY DEVELOPMENT
5051 South 1900 West
Roy, Utah 84067
(801) 774-1040

BUS. NAME REGISTRATION # _____
STATE SALES TAX # _____
STATE WITHHOLDING TAX # _____
FEDERAL TAX (EIN) # _____
STATE PROF. LIC # _____
SOCIAL SECURITY # _____
DRIVERS LICENSE # & STATE _____

Name of Business _____
Business Address _____
Mailing Address _____
Business Phone _____ E-Mail Address _____
Business Owner _____
Owner's Address _____
Phone _____ Birth Date _____
Property Owner _____ Phone _____
Address _____
Business Manager _____
Phone _____
Opening date of business _____ Bldg. Area Sq. Ft. _____

Make Check payable to: ROY CITY

LICENSE FEES

BASE FEES:

General Business \$ _____
Home Occupation \$ _____
Solicitor \$ _____
\$ _____

VARIABLE FEES:

Vending Mach _____ @ _____ \$ _____
Sq. Footage _____ @ _____ \$ _____
Service Stat. _____ @ _____ \$ _____
Beer - Class _____ \$ _____
Liquor - Class _____ \$ _____
\$ _____
\$ _____

SUBTOTAL FEES

FIRE INSPECTION \$ _____
PENALTY \$ _____
TOTAL AMOUNT DUE \$ _____

List three names & phone numbers of people who can respond to the business with a key if necessary or know how to contact the business owner.

1 _____ Phone _____
2 _____ Phone _____
3 _____ Phone _____

TYPE OF ORGANIZATION:

Corporation Limited Liability Co. S-Corporation
 Sole Proprietor Partnership Other

DESCRIPTION OF BUSINESS:

Does business have an automated external defibrillator on site? Yes or No

This form is an application for a business license; the actual license will be issued only when all inspections are received and approved. All information must be accurately completed or the issuance of license will be delayed. Issuance of this business license shall in no way relieve the applicant of his/her responsibility of complying with applicable zoning, health, building, or fire regulations. This license will expire December 31st of the year of issue.

I, We _____ hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and understand that it is unlawful to make any false statement, declaration or report as required in this application.

Date _____ Signed By _____
Applicant / Agent

FOR INTERNAL USE ONLY

Department Review: Zoning: _____ Fire: _____ Health: _____ Police: _____

This foregoing application is Approved Date: _____
 Denied Reason for Denial _____

Receipt# _____
Date _____
License# _____

LICENSE OFFICER

HOME-BASED BUSINESS LICENSING FEE EXEMPTION
(A BUSINESS LICENSE IS STILL REQUIRED)

Certain home-based businesses are exempt from licensing fees. The following information will be used to determine if you qualify for a home based business license fee exemption:

- Is the entire business conducted inside the home: **Yes** or **No**

- Estimated daily customer visits to home. _____

- Will the offsite impact of the business materially exceed the offsite impact caused by its residential use? **Yes** or **No**

- Will there be outside storage associated with the business? **Yes** or **No**

Please sign and date this as to the accuracy of the information provided herein.

Signature

Date