



BUSINESS LICENSE APPLICATION

4150 South 3900 West ~ West Haven, UT 84401

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

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 : _____

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) Daycare (non-residential) 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 before January 1st. If the renewal fee is not paid before February 1st, 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 #: _____

Date: _____ Amount: _____