



## SYRACUSE CITY BUSINESS TEMPORARY LICENSE APPLICATION

Syracuse City Community & Economic Development • 1979 W 1900 S, Syracuse UT 84075  
801-825-1477 or 801-614-9627 • website: [www.syracuseut.com](http://www.syracuseut.com)

OFFICE USE ONLY

License # \_\_\_\_\_

### BUSINESS INFORMATION

Name of Business: \_\_\_\_\_ DBA: \_\_\_\_\_  
Is your business registered with the Department of Commerce? Yes \_\_\_ No \_\_\_ **Currently Active?** Yes \_\_\_ No \_\_\_  
If No, please apply at [www.business.utah.gov/registration](http://www.business.utah.gov/registration) **TEMPORARY SALES TAX #** \_\_\_\_\_  
State Entity # \_\_\_\_\_ Sales Tax ID # \_\_\_\_\_ EIN/ Federal ID # \_\_\_\_\_  
State Professional License or DOPL # \_\_\_\_\_ Website/Facebook: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Mailing Address if different: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Desired date of opening: \_\_\_\_\_ Number of employees other than self \_\_\_\_\_  
Type of business: Sales \_\_\_ Service \_\_\_ Office/Professional \_\_\_ Contractor \_\_\_ Child Care \_\_\_ Other \_\_\_  
If a Commercial business, square footage of building used for Business: \_\_\_\_\_  
**Describe operation of your business in detail: (Including description, hours and days of operation, customers, parking, etc)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Business Type

- ☐ Commercial  
☐ Home Occupation  
  
☐ Sole Proprietor  
☐ Corporation  
☐ Partnership  
☐ LLC  
☐ Non-Profit  
  
☐ Exempt

Any business information provided to the City becomes property of Syracuse City and is public record

### APPLICANT INFORMATION

Owner Name: \_\_\_\_\_ Owner Phone (other than business): \_\_\_\_\_  
Owner address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Driver License: \_\_\_\_\_ State: \_\_\_\_\_ SSN: \_\_\_\_\_ Years lived in Utah: \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Are you the property owner?** Yes \_\_\_ no \_\_\_  
Additional Owner Name: \_\_\_\_\_ Owner Phone (other than business): \_\_\_\_\_  
Owner address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Driver License: \_\_\_\_\_ State: \_\_\_\_\_ SSN: \_\_\_\_\_ Years lived in Utah: \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Are you the property owner?** Yes \_\_\_ No \_\_\_ (please attach additional sheet if more owners)

### APPLICANT AGREEMENT

This form is an application for a business license. The actual license will be issued only after this business is in compliance with all City, State, Federal, fire and building codes and ordinances and all inspections are completed and approvals given. Missing or incomplete information on this application may significantly increase the time needed for approval. This application will expire six months after the filing date if all inspections have not been completed and approvals granted. Operating without a Business License is a Class B Misdemeanor, with each day of noncompliance constituting a separate violation.

I, the undersigned, hereby agree to conduct said Business strictly in accordance with all Syracuse City Codes governing such business and swear, under penalty of law, that the information contained herein is true and correct to the best of my knowledge, I understand that to falsify any information on this application is grounds for denial and/or revocation of an applicable license and issuance of any other penalties as provided by law. I acknowledge my responsibility to renew my Syracuse City Business License and pay any and all late fees, if applied.

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

**Would you like your Business to be listed in the City Business Directory? Yes \_\_\_ No \_\_\_ Would you like to be featured as Business of the Month? Yes \_\_\_ No \_\_\_**

### FOR OFFICE USE ONLY

Business License Fee: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ By \_\_\_\_\_

Business License fees are found in the City Consolidated Fee Schedule on the City website. [www.syracuseut.com](http://www.syracuseut.com)

ZONE: \_\_\_\_\_ PARCEL ID: \_\_\_\_\_ CUP Type: Major \_\_\_ Minor \_\_\_

Conditional Use Permit required? Yes \_\_\_ No \_\_\_ Permit Fee \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

#### Departmental Review

Fire Dept:

Building Dept:

Planning Dept:

Comments: