

ALL BUSINESS LICENSES ARE RENEWABLE ON JUNE 30TH REGARDLESS OF WHEN PURCHASED.

Application for Business License in Tooele County, Utah
(Excluding Incorporated Cities & Towns)
TOOELE COUNTY CLERK
47 South Main
Tooele, Utah 84074
(435) 843-3143

(Clerk's Use Only)

_____ **New Business License \$25**

Business License # _____

_____ **Renewal \$25**

CUP # _____

(Business License Fees are NOT prorated for less than 12 months)

Name of Applicant _____ **DOB** _____ **SS#** _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Business Phone** _____

Legal Name of Business: _____

Business Address (Physical Address in Tooele County): _____

City _____ **State** _____ **Zip Code** _____

Business Mailing Address: _____

City _____ **State** _____ **Zip Code** _____

State Tax# _____ **Nature of Business** _____

Detailed Description of Business

Nature _____

Contractors License (Including Federal Firearms, Cosmetology, Etc.):

_____ Type _____

Haz Mat Used, Stored/Transported Yes No

Owner(s), Partners, Officers & Directors (Excluding Shareholders):

(If more space is needed, please attach additional pages)

Name	Address	DOB	SS#	Phone #

Point of Contact (If different than Applicant): _____

License Fee \$ _____ Date Paid _____ Rec'd By _____

If application is a renewal and is paid after August 15, add 100% (\$25) penalty fee. If paid after September 30, add 200% (\$50) penalty fee.

I am aware of the requirements of the Tooele County Business License Ordinance and agree to comply with the same.

All business license applications require approval of certain County Departments. At least 30 days may be required for investigative purposes. A license will be issued upon completion and satisfaction of application requirements.

Notice: To engage in the business for which this license is issued, you must comply with all County Health and Safety Codes, including those related to zoning, building, health and fire safety. If now, or in the future, you do not comply with these codes, this license does not authorize you to engage in business.

Affidavit

I, _____ being duly sworn, depose and say that I am the above named applicant and that the statements in this application are true and correct.

Date

Applicant's Signature

Subscribed and sworn before me this _____ day of _____, _____.

Notary's Signature

Residing in _____

Commission Expires _____

<input type="checkbox"/> Approved	CUP # _____
<input type="checkbox"/> Disapproved	

Planning & Zoning Officer	
Date	
Comments	

