

Elk Ridge Business License Application

80 E Park Drive, Elk Ridge, UT 84651

(801) 423-2300 – (801) 423-1443

www.elkridgecity.org



Business Name _____

DBA File No. _____ Federal ID _____

Owner _____ Business Phone _____

Business Location _____

Mailing Address (if different) _____

Business Start Date _____ Utah Corp., LP or LLC No. _____

Describe Business _____

Business Type: Home Occupation Child Care/Preschool Contractor

Greatest Number of children in residence at one time _____. # of Vehicles ____ # of Employees _____

\$45. Fee Per Year or \$22.50 for ½ year License (after June 30th)

Fire Inspections are *required* on all Child Care/Preschool Business's. The Fire Chief will call you to set up an appointment. You will receive your license after the inspection has been received by the Deputy Recorder.

Every Business must have a Federal Identification Number if you are a sole proprietorship, your Social Security Number can be used as your Federal ID Number. All other businesses must obtain a number. Please call 1-800-829-1040 if you have any questions.

DBA Number: By law, you are required to register your business name (DBA "Doing Business As") with the Department of Commerce. As a courtesy to you, the State Tax Commission at 150 E Center Street in Provo will allow you to acquire your number through their office. The charge is \$20. for 3 years. You must provide a copy of your DBA number when you return your business license application to our office. Please call (801) 530-4849 or (801) 374-7070 if you have any questions.

Signs shall be limited to Identification nameplates; accessory nameplates for professional persons or home occupations. Said signs shall be not more than two (2) square feet in area, be unlighted, and contain no advertising material. (Sub-section 10-12-23B1c)

Application Date _____

*Under penalty of perjury, I hereby certify that the information provided for this application is complete and accurate. I further certify that updated information will be provided in writing or on a new application, as required, to the City of Elk Ridge within **30 days** of any change to the business name, organization, or location. I hereby acknowledge that illegal or fraudulent business practices are grounds for revocation of the business license.*

Signature of Authorized Business Agent/Owner

Payment Method Cash Check No. Amount _____ Received By _____