



COMMERCIAL BUSINESS LICENSE APPLICATION

Please allow 5-7 business days for processing

West Bountiful City
BUSINESS LICENSING DEPARTMENT
550 N 800 W, West Bountiful, UT 84087
Phone: (801) 292-4486
Fax: (801) 292-6355
www.wbcity.org

Business Information:

Business Legal Name: _____ (DBA) _____
Business Address: _____ Phone: _____
Mailing Address (if different): _____
State License No: _____ State Tax ID: _____ Federal Tax ID: _____
Owner of Building: _____ Phone: _____

Specific Description of Business to be conducted:

Applicant Information:

Applicant's Name: _____ Title: _____
Applicant's Address: _____ Phone: _____
Email Address: _____
Owner of Business (if different than above): _____
Owner's Address: _____ Phone: _____
Emergency Contact(s): _____

*****PLEASE APPLY FOR AN ALARM PERMIT IF YOU HAVE AN ALARM SYSTEM AT YOUR BUSINESS LOCATION *****

I hereby make application for the issuance of a business license from West Bountiful City in accordance with the provisions of West Bountiful Municipal Code, Title 5. I certify that the above information is true and correct to the best of my knowledge. I understand that additional permitting may be required in order to comply with zoning requirements.

Date: _____ Sign Here: _____
Applicant

License Fees:

Annual License Fee: (base fee is \$50.00 - \$25 on/after September 1)		\$	_____	
Number of Full Time Employees	_____ x	\$5.00 per employee	\$	_____
Number of Part Time Employees	_____ x	\$2.50 per employee	\$	_____
TOTAL DUE		\$	_____	

FOR OFFICIAL USE ONLY

Application/Payment Received Date: _____ Conditional Use Required? _____
Health Department Approval Date: _____ Fire Marshall Approval Date: _____