

## NEW BUSINESS INFORMATION

Copies of the following may be required with your completed application, in addition to nonrefundable fees:

- |  |  |
|--|--|
| <input type="checkbox"/> Lease agreement or Property Owner Affidavit | <input type="checkbox"/> Department of Agriculture approval              |
| <input type="checkbox"/> Business Name Registration or DBA           | <input type="checkbox"/> Mt Olympus Improvement District approval        |
| <input type="checkbox"/> State Sales Tax License                     | <input type="checkbox"/> Motor Vehicle Enforcement Division approval     |
| <input type="checkbox"/> Federal Tax ID Number/EIN                   | <input type="checkbox"/> Department of Alcohol Beverage Services license |
| <input type="checkbox"/> Occupational or Professional license        | <input type="checkbox"/> Federal, state, local background check results  |
| <input type="checkbox"/> SL County Health Department approval        |  |

- **Business Name and State Sales Tax License**  
OneStop Business Registration  
<https://corporations.utah.gov/online-business-registration>  
(801) 530-4849
- **Federal Tax Id Number/ Employer Identification Number (EIN)**  
<https://www.irs.gov/businesses>  
(800) 829-4933
- **Department of Professional Licensing (DOPL)**  
<https://dopl.utah.gov/>  
(801) 530-6628
- **Salt Lake County Health Department**  
<https://slco.org/health/permits/>  
(385) 468-4100
- **Utah Department of Agriculture and Food**  
<https://ag.utah.gov/>  
(801) 982-2200
- **Mt Olympus Improvement District**  
<https://mtoid.org/engineering-inspections/>  
(801) 262-2904
- **Motor Vehicle Enforcement Division (MVED)**  
<https://mved.utah.gov>  
(801) 297-2600
- **Utah Department of Alcoholic Beverage Services (DABS)**  
<https://abs.utah.gov/>  
(801) 977-6800

- **Utah Department of Public Safety – Bureau of Criminal Identification (BCI)**  
[www.bci.utah.gov](http://www.bci.utah.gov)  
(801) 965-4445
- **Federal Background Check**  
<https://www.edo.cjis.gov/#/>  
(304) 625-5590
- **South Salt Lake Police Department**  
<https://sslc.gov/246/Police>  
(801) 412-3600
- **South Salt Lake Chamber of Commerce**  
<https://www.sslchamber.com/>  
(801) 726-0600
- **Unemployment Insurance Employer Information**  
<https://jobs.utah.gov/ui/>  
(801) 526-9235
- **Workers Compensation Insurance**  
<https://laborcommission.utah.gov/divisions/industrial-accidents/employers/employers-guide-to-workers-compensation/>  
(801) 530-6800

## AFTER APPLICATION

Submitting a business license application does not authorize the applicant to conduct business. Conducting business without an approved business license constitutes a Class C Misdemeanor. It is the applicant's responsibility to provide a complete application and obtain all applicable city, county, and/or state code approval requirements. Notice of an incomplete application constitutes a denial of application.

On-site inspections are required prior to any business license being granted. It is the applicant's responsibility to schedule inspections with:

South Salt Lake Building Department

[businesslicense@sslc.gov](mailto:businesslicense@sslc.gov)

(801) 483-6063 – option 3

AND

South Salt Lake Fire Marshal

[firepermits@sslc.gov](mailto:firepermits@sslc.gov)

(801) 483-6043 – option 3

Upon review by the business license official for completeness of application, and a finding by the business license official that: (1) the application is complete; (2) the application complies with ordinances of the City of South Salt Lake; (3) there are no known violations of the laws and ordinances of the City of South Salt Lake, including all conditions of land use approval, the state of Utah, and the United States; and (4) that the business is not delinquent in the payment of any other sum, fee, or fine owed to the City for any reason, the business license official shall issue a business license to the applicant.



**BUSINESS LICENSING**  
200 E Morris Ave, Ste 200  
South Salt Lake, UT 84115  
(801) 483-6063  
[businesslicense@sslc.gov](mailto:businesslicense@sslc.gov)

**THIS APPLICATION IS NOT  
A LICENSE TO  
CONDUCT BUSINESS.**

## HOME OCCUPATION BUSINESS LICENSE APPLICATION

For businesses operating from a permanent physical residence within the city limits of South Salt Lake.

### SECTION 1: BUSINESS INFORMATION – *Please complete all blanks; write N/A if not applicable.*

**Business Name:** \_\_\_\_\_

**“Doing Business As”:** \_\_\_\_\_

(Business Name and DBA must be registered with the Utah Department of Commerce unless it is a personal name.)

**Business Physical Address:** \_\_\_\_\_

**Business Mailing Address:** \_\_\_\_\_

**Property Owner Name:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_

**Business Email:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Utah State Sales Tax License Number:** \_\_\_\_\_

**Federal Tax ID Number/ Employer Identification Number (EIN):** \_\_\_\_\_

**Occupational or Professional License Number (DOPL):** \_\_\_\_\_

### SECTION 2: BUSINESS USE AND IMPACTS

Location of business in home: \_\_\_\_\_

Number of employees residing in home: \_\_\_\_\_

Number of non-resident employees: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Days of operation: \_\_\_\_\_

Number of on-site customers per day: \_\_\_\_\_

**Business use will include** (check all items that apply):

- ☐ Home office only
- ☐ Use of garage/accessory building on property
- ☐ Outdoor storage of supplies, material, or equipment
- ☐ Storage of a commercial vehicle or trailer at home
- ☐ On-site customers throughout the day
- ☐ Noise that may reach adjacent properties

### SECTION 3: DETAILED BUSINESS DESCRIPTION – *Continue on separate page if more space is needed.*

**SECTION 4: OWNERSHIP & CONTACTS – Every application must have an owner and an emergency contact.**

<b>Property Owner Name:</b> _____	Must provide Property Owner’s Affidavit or copy of lease agreement including the business name if Property Owner is different than Business Owner.
<b>Mailing Address:</b> _____ Street City State Zip	
<b>Phone:</b> _____ <b>Email:</b> _____	
<b>Additional Contact Name:</b> _____	Contact Role(s), mark all that apply: <input type="checkbox"/> Business Owner <input type="checkbox"/> Business Manager <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Employee <input type="checkbox"/> Other Officer or Agent
<b>Mailing Address:</b> _____ Street City State Zip	
<b>Phone:</b> _____ <b>Email:</b> _____	

**SECTION 5: NOTIFICATIONS AND VERIFICATION OF AUTHORITY**

1. **This application does not constitute a business license. Incomplete applications will not be processed.**
2. Decisions on applications are made based upon the information provided on the application materials, and reviews and inspections performed, as required.
3. Application denial or subsequent license suspension or revocation are most often the result of an inaccurate or incomplete application, failure to update information, and/or non-compliance with the Municipal Code, Land Development Code, and/or applicable building, fire, and environmental codes.
4. It is the applicant’s responsibility to determine and comply with any requirements from other regulatory agencies.

**I affirm that: I am an authorized agent of the business for which application is being made, and that the information on this form and on all application materials is both complete and accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature Print Name Date

**SECTION 6: FEES**

License Type	Initial License Fee	License Annual Renewal Fee
Home Occupation, Category II	\$59.00	\$50.00
Home Occupation, Childcare	\$374.00	\$173.00

<b>OFFICE USE ONLY</b>	DATE RECEIVED	LICENSE FEE	<input type="checkbox"/> PRORATED # OF MONTHS _____
	LICENSE #	RECEIPT #	LICENSE TYPE
ZONING APPROVAL	DATE	CURRENT ZONE	<input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> PERMITTED USE
BUILDING APPROVAL	DATE	NOTES	
FIRE APPROVAL	DATE	NOTES	

## PROPERTY OWNER'S AFFIDAVIT for property located at

Address: \_\_\_\_\_

Project Name / Business Name: \_\_\_\_\_

---

### PROPERTY OWNER

I/we \_\_\_\_\_, being duly sworn, depose and say that I/we am/are the current owner(s) of the property identified in this application and that I/we have read the application and attached exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my personal knowledge.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature (co-owner if applicable)

On the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, personally appeared before me \_\_\_\_\_ the signers(s) of the above Agent Authorization who duly acknowledged to me that they executed the same.

\_\_\_\_\_  
Notary Public  
Residing in Salt Lake County, Utah  
My Commission expires: \_\_\_\_\_

---

### AGENT AUTHORIZATION

I/we, \_\_\_\_\_, the owner(s) of the real property described above, do hereby appoint my/our agent \_\_\_\_\_ to represent me/us with regard to this application affecting the above described real property located in the City of South Salt Lake, and to appear on my/our behalf before any City Board or Commission considering this application.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owner's Signature (co-owner if applicable)

On the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, personally appeared before me \_\_\_\_\_ the signers(s) of the above Agent Authorization who duly acknowledged to me that they executed the same.

\_\_\_\_\_  
Notary Public  
Residing in Salt Lake County, Utah  
My Commission expires: \_\_\_\_\_