

APPLICATION FOR BUSINESS LICENSE for SOLICITORS

(This is NOT a License)

City of Holladay

4707 S. Holladay Boulevard
Holladay, Utah 84117
Phone: (801) 272-9450

The license will expire 90 days from the date of issue _____

Utah State sales tax I.D. number _____

Please Print Clearly & Firmly

Business Name/DBA: _____ Phone: _____

Business Head Quarters Location: _____ Zip: _____
(No PO Boxes)

Mailing Address (if different from above): _____ Zip: _____

Permanent Residence/Local Address: _____ Zip: _____

Local Agent/Contact Person: _____ Phone: _____

Physical Description:

Height _____ Weight _____ Age _____ Hair Color _____ Eye Color _____

Date Of Birth: _____ Social Security Number: _____

Have You Been Convicted of A Felony (within last three years): Yes No
(if yes, please explain)

Description of Product/Services To Be Sold: _____

Date of Last Permit Issued For Solicitation: _____ Issued By: _____

It is unlawful to operate a business without a current license (Holladay Municipal Ordinance Section 5.606.020). Failure to obtain a business license prior to opening such business will result in a penalty being assessed (Holladay Municipal Ordinance Section 5.06.100). It is the responsibility of the Licensee to be familiar with the ordinances under which this license is applied, and applicant hereby agrees to conduct said business strictly in accordance with the Laws and Ordinances covering such business. All applications of business license are to be renewed yearly, on the anniversary date of original issue. Licenses renewed 30 days after the anniversary date of original issue will be assessed a penalty. As per Holladay Municipal Code or Ordinance, Section 5.06.100, responsibility of renewal is totally the responsibility of the Licensee. Failure to receive a renewal notice does not excuse this responsibility. By signing below you are attesting to the truth of the information being provided under penalty of law.

Signature _____ Print Name _____ Date _____

Office Use Only	
Account No. _____ No. of Full Time Employee(s) _____ @ \$6.00	Receipt No. _____
Bond Fees:	Basic License: \$ <u>100.00</u>
Zoning Approval	Employee(s): \$ _____
A.P.N. _____	Bond Fee: \$ <u>1,000.00</u>
Use: _____	Vehicles: \$ _____
Zone: _____ PL# _____	Sub-Total: \$ _____
Approving Signature: _____	Credit: \$ _____
	Penalty: \$ _____
	Zoning: \$ _____
	Total: \$ _____

Comments _____

Fire Green

Health Yellow

Sheriff Pink