

# APPLICATION FOR A TEMPORARY (3 DAY) BUSINESS LICENSE

(This is NOT a License)

## City of Holladay

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

The license will expire one year from the date of issue \_\_\_\_\_

Utah State sales tax I.D. number \_\_\_\_\_

### Please Print Clearly & Firmly

Business Name/DBA: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Location (No PO Boxes): \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ Zip: \_\_\_\_\_

Local Agent/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Opening Date At This Location: \_\_\_\_\_ Is This a New Type of Business At This Location? Yes  No

Location Type: Residential  Commercial  Have you been previously licensed by Salt Lake County? Yes  No

Business Type/Activity: \_\_\_\_\_

Type of Ownership

- Sole Owner: Name: \_\_\_\_\_
- Partnership: Name(s) of General Partners: \_\_\_\_\_
- Corporation: Name of Principal Officer: \_\_\_\_\_  
Name of Corporation: \_\_\_\_\_
- Other: Describe: \_\_\_\_\_

Address of Owner(s)/Partner/Principal Officer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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.

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

Office Use Only			
Account No. _____	No. of Employee(s) _____	@ \$6.00	Receipt No. _____
<b>Regulatory Fees:</b>			Basic License: \$ <b>30.00</b>
Code	Description	Units	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
			Employee(s): \$ _____
			Regulatory: \$ _____
			Vehicles: \$ _____
			<b>Sub-Total: \$ _____</b>
			Credit: \$ _____
			Penalty: \$ _____
			Zoning: \$ _____
			<b>Total: \$ _____</b>
<b>Zoning Approval</b>		Sic Code <input type="text"/>	
A.P.N. _____	Use: _____	<b>Comments</b>	
Zone: _____ PL# _____			
Approving Signature: _____			
		Fire <input type="checkbox"/> Green	
		Health <input type="checkbox"/> Yellow	
		Sheriff <input type="checkbox"/> Pink	