



**APPLICATION FOR BUSINESS LICENSE – COMMERCIAL LOCATION**  
(This is NOT a Business License)

**City of Holladay**

4580 S. 2300 E.  
Holladay, Utah 84117  
Phone: (801) 527-3890  
Fax: (801) 527-3891

APPLICATION # \_\_\_\_\_

Utah State Sales Tax ID Number \_\_\_\_\_ -- \_\_\_\_\_ --STC  
(Please be sure this number is coded to the City of Holladay)

**\*\*\*PLEASE PRINT CLEARLY AND FIRMLY & FILL OUT COMPLETELY\*\*\***

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

Business Location (No PO Boxes): \_\_\_\_\_ Holladay, UT Zip: \_\_\_\_\_

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

E mail: \_\_\_\_\_

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

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

Location Type: Residential  Commercial

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

*\*If this is an application for group home for people with disabilities, please complete the supplemental form.  
\*Does this business require any Utah State or Federal license or contract? If yes, please attach.*

**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: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal EIN # \_\_\_\_\_ Utah State Entity (optional) \_\_\_\_\_

*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. \_\_\_\_\_

**Please fill out number of employees – Other lines are for office use only**

NUMBER OF EMPLOYEES \_\_\_\_\_ (No charge) License Fee: \$ \_\_\_\_\_

Vehicles/Units/: \$ \_\_\_\_\_

**Category Fees & Codes:**

Code	Description	Units	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Alcohol: \$ \_\_\_\_\_

Penalty: \$ \_\_\_\_\_

Zoning: \$ \_\_\_\_\_

**Total \$** \_\_\_\_\_

Ncsalpha #: \_\_\_\_\_

Parcel ID # \_\_\_\_\_

Zone \_\_\_\_\_

Approving Signature \_\_\_\_\_

**Comments:**

- Zoning  Fire
- DBA  Sheriff
- Tax Coded  Heath
- \_\_\_\_\_