

COMMERCIAL BUSINESS LICENSE APPLICATION

Send all completed and properly signed forms (including attachments as necessary) along with applicable licensing fees to:
West Valley City Business Licensing, 3600 S. Constitution Blvd., West Valley City UT 84119 (TELEPHONE: 963-3290)

Section 1: Business Information		
Business Name:		Parcel #:
Location of Business:		Apt/Suite No.
City:	State:	Zip Code:
Business Telephone:	Business Fax:	
Business Contact Person:	Contact Person Birth Date:	
Home Address:	Direct Telephone #:	
www:	Email:	
Property Owner Name:	Telephone #:	
Section 2: Owner Information		
Business Owner(s): (use additional sheet if necessary)		
Owner Physical Address:		Apt. No.
City:	State:	Zip Code:
Owner Birth Date:	Social Security Number:	
Home Telephone:	Phone (Other):	
Drivers License No.**:	State:	
Section 3: Business Mailing Address (This is the address where all license and renewal forms will be sent)		
<input type="checkbox"/> Same as Section 1	<input type="checkbox"/> Same as Section 2	<input type="checkbox"/> Send all correspondence to:
Type of Organization: (include copies of the first page of filed Articles of Incorporation or Organization, if applicable)		
<input type="checkbox"/> Corporation; <input type="checkbox"/> S-Corp; <input type="checkbox"/> LLC; <input type="checkbox"/> LP; <input type="checkbox"/> Partnership; <input type="checkbox"/> Sole Proprietor; <input type="checkbox"/> Other		
DBA #:	State License # (if applicable):	
State Tax #:	Federal Tax #:	
Projected Opening Date for Business:		
Detailed Description of Business:		
<input type="checkbox"/> Business will use an electronic status verification system to verify the federal legal working status of all new employees.		
<p>This form is an application for a business license; the actual license will be issued only when all inspections have been approved. All information must be completed or the issuance of a license will be delayed. It is a Class "B" Misdemeanor to own or operate a business in West Valley City without a current business license. I/We hereby agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and swear under penalty of law that the information contained herein is true.</p>		
Signed by:		(Owner/Officer)
Date:	Title:	

**** ATTACH A COPY OF PHOTO IDENTIFICATION ****

WEST VALLEY CITY BUSINESS LICENSING

3600 Constitution Blvd. West Valley City UT 84119

PHONE: 801 963-3290 Fax: 801 963-3541

www.wvc-ut.gov

CALCULATION OF FEES FOR BUSINESS LICENSES:

1. **Base Fee of \$110 applies to ALL BUSINESSES EXCEPT landlords with less than _____ +**
3 rental units. (Example: Duplex 2 units) Disproportionate fee only will apply in such cases.
 2. **Disproportionate Fees & Special Regulatory Fees** (see Fee Schedule below): _____ +
 (10-32131)
 3. **Inspection Fee: Only required on new or relocated businesses \$50.00 _____ +**
 (Residential Rental Dwellings Exempt) (BLDG/FIRE: 10-32140) (PLAN/ZONE: 10-34309)
 4. **Employees:** (applies to all businesses) \$10.00 x _____ each employee = _____ +
 (For example: # of employees leased or on payroll, # of employees working at, out of, or dispatched from the licensed location.) (10-32101)
 5. **Vehicle Parking Stickers** \$0.50 x _____ no. of stickers required = _____ +
 (for delivery vehicles only; one vehicle per home occupation business) (10-32101)
 6. **Alcohol License Fee** (each alcohol license is \$500) (10-32102) _____ +
 7. **Late Fee (total all fees above and multiply by .5 or .75 or 1.0 depending on penalty _____ +**
 (10-32103)
- TOTAL DUE – Please make checks payable to West Valley City:** _____ =

BUSINESS LICENSE FEE SCHEDULE

Business Description	Regulatory Fee	+ Disproportionate Fee
Alcoholic Beverage Licensed Businesses (except restaurants)*	\$500	\$1000
Alcoholic Beverage Licensed Restaurant	\$500*	-
Banks and Credit Unions		\$500
Department Stores & Shopping Mall Management Offices		\$1000
Drive-In Motion Picture Theaters		\$1000
Home Improvement Center		\$1000
Hotels and Motels		\$1500
Mobile Home Parks		\$31 x _____ # of pads = \$ _____
Rental Dwelling Units (single family, duplex, tri-plex, multi-family)		\$94 x _____ # of units = \$ _____
Member of the Good Landlord Program REQUIRES CURRENT CERTIFICATION AND CONTRACT (Contact U.A.A. 801-487-5619) (single family, duplex, tri-plex, multi family)		\$20 x _____ # of units = \$ _____
Pawnshops Includes buying and selling precious metals. New jewelry dealers exempt	\$500	\$1200
Racetrack		\$1000
Salvage Yards	\$1000	\$100

*PER ALCOHOL LICENSE



West Valley City, Business Licensing Department
3600 South Constitution Blvd.
West Valley City, UT 84119

Telephone: (801) 963-3290; Fax: (801) 963-3541

IMPORTANT NOTICE

WEST VALLEY CITY BUSINESS LICENSE DEPARTMENT

Please be aware that you are NOT authorized to operate your business until you have received your business license from the **Business License Department**. State and local statutes require that several agencies inspect your establishment concerning health and safety issues. The inspectors are authorized to inspect for their department/division only; approval of any one inspector does not constitute approval of your business license.

Your license will be issued to you by the Business License Department only upon completion and compliance with the entire process.

Should you choose to operate your business prior to the issuance of a West Valley City Business License, you will be operating in direct violation of the Business License Ordinance and subject to DOUBLE LICENSE FEES, back fees and/or any other civil or criminal penalties as prescribed by law.

If you have any questions or need assistance, please call 963-3290, or come to the West Valley City Business License Department, West Valley City Center, 3600 South Constitution Blvd. (2700 West), West Valley City, UT 84119.

I HAVE READ AND UNDERSTAND THE ABOVE.

Signature of Applicant

Date

Business Name



INDUSTRY DISCHARGE QUESTIONNAIRE

New Business Form Renewal Form

Section: 1

Name of Business: _____

Property Address: (street, city, zip) _____

Mailing Address: (street, city, zip) _____

Contact Person: (Name) _____

Contact Person: (Title) _____ Phone # _____

Facility is: Owned: Leased: Home Business: Other: _____

Check the appropriate box's which may apply to your business or give a brief description below of the business products or service's provided;

- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Auto-body | <input type="checkbox"/> Car Wash | <input type="checkbox"/> Machine Shop | <input type="checkbox"/> Restaurant / Fast Foods |
| <input type="checkbox"/> Auto-repair | <input type="checkbox"/> Dental | <input type="checkbox"/> Medical | <input type="checkbox"/> Screen Printer / Printing |
| <input type="checkbox"/> Auto-sales | <input type="checkbox"/> Dry Cleaner | <input type="checkbox"/> Office Only | <input type="checkbox"/> Warehouse / Storage |
| <input type="checkbox"/> Other | | | |

Required; Brief Description of business: _____

Section: 2

Average Number of Employees: Day: _____ Afternoon: _____ Night: _____ Total: _____

Types of Waste Water Discharges; other than SANITARY WASTEWATER (restrooms) check the box's below which may apply to your business

- | | |
|--|--|
| <input type="checkbox"/> Non-Contact Cooling Water | <input type="checkbox"/> Equipment Wash Down |
| <input type="checkbox"/> Contact Cooling Water | <input type="checkbox"/> Boiler Blow Down |

Other Discharges; Explain: _____

List Expected Daily Water Use in Gallons Per Day (GPD): _____

Section: 3

Are any of your process discharges regulated by Federal Categorical Discharge Standards? Yes No

If yes, list Standards: Code of Federal Regulations (CFR) _____

Will any chemicals be used or stored on site? Yes No

If yes, list chemicals that will be on site in quantities of 55 gallons or 500 lbs or more on the back of this form.

Will any hazardous waste be generated at this facility? Yes No

If yes, list types on the back of this form.

Any Questions please call Central Valley Water Reclamation Facility Industrial Pretreatment Department (801) 973-9100

I have personally examined and am familiar with the information submitted in this report and any attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein is true, accurate, and complete

Signature: _____ Date: _____

(FOR C.V.W.R.F. USE ONLY)

Business Classification: (_____)

Is there a (GOSI) Installed at this location: Yes No Is a (GOSI) Needed at this location: Yes No Reviewed by: (CV) _____ Date: _____

CHEMICALS USED

CHEMICAL NAME	AMOUNT STORED	AMOUNT USED

HAZARDOUS WASTES

NAME	EXPECTED MONTHLY GENERATION QUANTITY	DISPOSAL METHOD