

Beauty/Nail Salon Booth Rental Application Check List

**It is the responsibility of the applicant to provide COPIES of ALL required documents
COPIES WILL NOT BE MADE FOR YOU AND ORIGINAL DOCUMENTS WILL NOT
BE GIVEN BACK!! Failure to provide these documents will result in the inability to apply
for a business license until a later time when these documents can be provided. Documents
required at time of application:**

MAKE COPIES OF ALL REQUIRED DOCUMENTS!!

- ☐ **COPY** of current State of Utah Professional License (Expired Licenses are not acceptable.)
- ☐ **COPY** of Cosmetology Facility Permit issued by the Health Department (Only applicable to Studio Rentals.)
- ☐ **COPY** of proof of registration of business name (if applicable)
- ☐ **COPY** of Federal AND State Tax documents (these are not the same as name registration documents)
- ☐ **COMPLETED** copy of application. Fields asking for Professional License Number/Expiration, Tax information, Date of Birth, and ID number are NOT optional. Incomplete applications will be denied.
- ☐ **SIGNED AND NOTARIZED** check cashing affidavit. (You can get this document signed and notarized at City Hall.)

Fees: \$40 Booth Rental
 \$15 One-Time Application Fee
Total: \$55

Departmental Contact Check List

☐ **DEPARTMENT OF COMMERCE**

- All persons or partners doing business in Utah under an assumed business name must register their business name with the Department of Commerce.
- Place: Heber Wells Building, 160 East 300 South
- Phone: (801) 530-4849 <https://secure.utah.gov/osbr-user/user/welcome.html>
- **Verification Required with Business License Application**

☐ **FEDERAL EMPLOYER'S TAX I.D. NUMBER**

- Every person without a previous tax number who pays wages to one or more employees or is required to file any federal reports must apply for a tax number on Form SS-4 with the IRS.
- Place: 50 South 200 East
- Phone: 1-800-829-1040 www.irs.ustreas.gov/formspubs/index.html
- Contact the IRS for information related to income, excise, self-employment and other federal taxes. The IRS also provides a Business Tax Kit and Tax Seminar for businesses. The seminar will provide you with basic instructions and forms for reporting federal taxes on your business.
- Place: 50 South 200 East
- Phone: 1-800-829-1040 www.irs.gov

☐ **STATE TAX INFORMATION**

- For information related to income tax, sales and use taxes, and other applicable state taxes as well as information concerning applications for a state tax number contact the Utah State Tax Commission.
- Place: 210 North 1950 West
- Phone: (801) 297-2200 www.tax.utah.gov

☐ **HEALTH DEPARTMENT SERVICES**

- Place: 788 East Woodoak Lane (5400 South) Environmental Health
- Place: 2001 South State Street, S2500 – Administrative Services
- Phone: 801-385-4100
- <http://slcohealth.org/>



Midvale City
655 W Center St
801-567-7200

BUSINESS LICENSE APPLICATION

****OFFICIAL USE ONLY****

License ☐ New Application
Number: ☐ Change Owner/Location
☐ Other

Notes: _____

Approvals

Building: _____ Date: _____ SVWR: _____ Date: _____
Fire: _____ Date: _____ Zoning: _____ Date: _____
Code Enf.: _____ Date: _____ Zone: _____ Date: _____
Health: _____ Date: _____ Zone: _____

License Type: <input type="checkbox"/> Home <input type="checkbox"/> Commercial		Is Business Name Registered with the State: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this a new type of Business at this Location: <input type="checkbox"/> Yes <input type="checkbox"/> No		Federal Tax ID#/SS# _____	
Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation		Utah Sales Tax # _____	
*LLC, Corporations & Partnerships must provide articles of incorporation		Professional License # & Type (if Applicable) _____	
Hours of Operation: _____		EPA Hazardous Materials on Site: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Name:		DBA Name:	
Business Address: (Physical, no PO Box or Virtual Office)			
Mailing Address (if different):			
Business Phone:		E-Mail Address:	
Description of Business Activities:			
Emergency Contact:		Phone:	
Information of Owner, Partner, or Corporate Officers and a Local Manager			
Name:		Name:	
Title:		Title:	
Home Address		Home Address:	
City/State/Zip		City/State/Zip	
ID Number:	D.O.B.	ID Number:	DOB
Phone:	E-Mail:	Phone:	E-Mail:
Property Owner Information		Fee Amount	
Name:		Base Fee _____	
Address:		Application Fee _____ \$15	
City/State/Zip:		Taxi Only _____	
		Vehicle Fee _____	
		Other _____	
		Total _____	

The foregoing information is correct to the best of my knowledge. I am aware that this application does not authorize conducting business until approved By Midvale City and a license has been issued. I also agree to conduct said business strictly in accordance with the laws and ordinances covering such business, and that no other type of business will be conducted other than what has been stated above. **It is the responsibility of the licensee to renew the license, failure to receive notice does not excuse this responsibility.**

Signature

Title

Date



Check Cashing Business Prohibited

I, _____, being duly sworn, depose and say that I
am the owner of _____ business
To be located at _____
in Midvale, Utah. This affidavit verifies that the above business does **not**
and will **not** include check cashing services, extending deferred deposit
loan, or similar types of service as included in the Check Cashing
Registration Act (Utah Code Title 7, Chapter 23).

Business Owner Signature (MUST BE SIGNED IN PRESENCE OF NOTARY)

Date

Subscribed and sworn to me this _____ day of _____, 20__

Notary

Residing in Salt Lake County, Utah

My Commission expires: _____