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.
- o Place: Heber Wells Building, 160 East 300 South
- o 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.
- o 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.
- o Place: 50 South 200 East
- o Phone: 1-800-829-1040 www.irs.gov

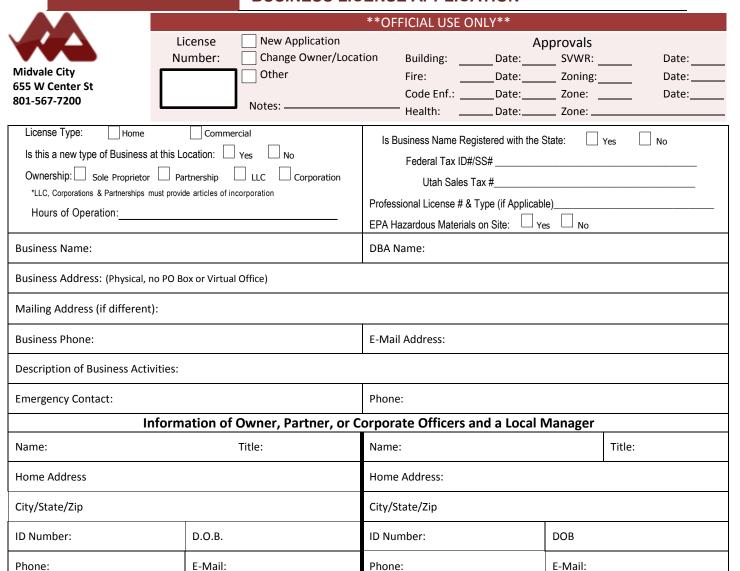
☐ STATE TAX INFORMATION

- 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.
- o Place: 210 North 1950 West
- o Phone: (801) 297-2200 <u>www.tax.utah.gov</u>

☐ HEALTH DEPARTMENT SERVICES

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

BUSINESS LICENSE APPLICATION



| | City/State/Zip: | Total | | | | | | | | | |
|-----------|--|-------|----------|--|--|--|--|--|--|--|--|
| By tha | 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 the license this responsibility. | | | | | | | | | | |
| Sin | ınature Title | | Date | | | | | | | | |

Base Fee

Other

Application Fee Taxi Only Vehicle Fee **Fee Amount**

___\$15___

Property Owner Information

Name:

Address:



Check Cashing Business Prohibited

| I, | , beir | ng duly sw | orn, depose a | nd say tha | t I |
|---|---------------|--------------|-------------------|-------------|--------------|
| am the owner of | | | | busi | ness |
| To be located at | | | | | |
| in Midvale, Utah. This af | fidavit ve | erifies that | the above bus | siness does | s <i>not</i> |
| and will <i>not</i> include check | k cashing | g services, | extending def | erred depo | osit |
| loan, or similar types of s | ervice as | included i | in the Check C | Cashing | |
| Registration Act (Utah Co | ode Title | 7, Chapter | r 23). | | |
| | | | | | |
| | | | | | |
| Business Owner Signature (MUST BE SIGNED IN | I PRESENCE OF | NOTARY) | | Date | |
| | 41. | 1 | | | 20 |
| Subscribed and sworn to n | ie this | day of | | | , 20 |
| | | | | | |
| | | | | | |
| | | | |] | Notary |
| | | | Residing in Salt | Lake County | , Utah |
| | | Му Со | mmission expires: | | |