

BUSINESS LICENSE CHANGE FORM

Name of Business (Name must be registered with the State of Utah)		ENTITY Registration #	Business Phone ()	
Business Address Street: _____		Is this a Sexually Oriented Business? Circle one: Yes No		
Mailing Address Street: _____ City: _____ State: _____ Zip: _____				
Business Email: _____		Web Site address: _____		
Type of Organization Proprietorship () Corporation () Partnership () LLC ()		Description of Business		
Business Owner Name (Names)		Owner Email: _____		
Owner Address: _____ City: _____ State: _____ Zip: _____ Phone: _____				
Local Manager Name		Manager Email: _____		
Manager Address: _____ City: _____ State: _____ Zip: _____ Phone: _____				
EIN/Fed Tax #		State Sales Tax #		State License # (Occupational & Professional)
<p>U.S. Government/State issued identification verification must be obtained at time of application.</p> <p>This form is an application for a business license. The receipt for payment of license fees thereof does not constitute being approved to operate a business. The actual license will be issued only when business complies with all local, state, federal, fire & building codes, and all inspections are completed and signed off by the various City departments and the Business License Office gives approval. Springville City shall not be held responsible for delays in processing an incomplete application, or for property improvements and other business expenditures occurring before the license applicant receives final approval.</p> <p>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 to the best of my knowledge.</p> <p>Under penalty of perjury, I state that I am either (a) a United States Citizen or (b) a qualified alien as defined by 8 U.S.C § 1641. I understand and acknowledge that providing false information on this application will subject me to penalties for perjury.</p>		<p>License Fees are as Follows:</p> <p><input type="checkbox"/> \$ 26 Replacement/Change Fee</p> <p><input type="checkbox"/> \$ 44 Relocation Fee/Addition of Unit(s)</p> <p>\$ _____ (#2101) Fee</p> <p>*IF RELOCATION OR ADDITION OF UNIT(S), YOU MUST INCLUDE A BUILDING PLAN OF THE NEW SPACE, WITH DIMENSIONS AND USE OF EACH ROOM/SPACE AND OVERALL DIMENSIONS OF THE NEW LOCATION. YOU MUST ALSO INCLUDE A SITE PLAN OF THE NEW LOCATION ALONG WITH CHANGE FORM AND PAYMENT OF FEE.</p> <p>*IF CHANGE IN OWNERSHIP, YOU MUST INCLUDE A COPY OF THE NEW OWNER'S PHOTO ID, ARTICLES OF ORGANIZATION IF AN LLC OR CORPORATION, COMPLETELY FILLED OUT CHANGE FORM AND PAYMENT OF CHANGE FEE.</p> <p>_____ PLEASE INITIAL: The receipt for payment of license fees thereof does not constitute being approved to operate a business</p> <p>*(CA = Council Approval Required, PA = Police Approval Required)</p>		
OFFICE USE ONLY		BUSINESS LICENSE DEPARTMENT USE ONLY		
Zone: _____ Home Office ()		City License # _____		
Home Occupation Permit: _____ Home Occupation ()		Notes: _____		
Building Inspection: _____		_____		
Fire Inspection: _____		_____		
Zoning Approval: _____		DATE RECEIVED: _____		