



COMMERCIAL BUSINESS LICENSE APPLICATION

Community & Economic Development Dept. • 437 N Wasatch Dr. • Layton, UT 84041
Phone: (801) 336-3788 • Fax: (801) 336-3789 • www.laytoncity.org

LICENSE #:

BUSINESS INFORMATION

Business Status (check all that apply): New Business Location Change (within Layton City) Name Change Ownership Change
State Registration (check all that apply): DBA Sole-Proprietor Limited Liability Corporation Non-Profit Partnership

APPLICATION DATE: _____ TENTATIVE OPENING DATE: _____

BUSINESS NAME: _____ **DBA NAME:** _____

Has this name been registered with the State of Utah, Commerce Department? Yes No If no, please apply at www.business.utah.gov/registration

INFORMATION CHANGE (if applicable): Previous Business Name/Address: _____

BUSINESS LOCATION: Physical Address: _____ Suite #: _____
City, State, Zip: _____ Fax #: (____) _____
Primary Business Phone: (____) _____ Alternate Phone: (____) _____

OWNER INFO: Name: _____ Title: _____

MAILING INFO: Address: _____ Suite #: _____
(If different than business address) City: _____ State: _____ Zip: _____

CONTACT INFO: Contact Person Name: _____ Title: _____
Contact Email Address : _____
Contact Phone: (____) _____ Fax #: (____) _____

Have you previously operated a business in Layton City? Yes No
If "Yes", Business Name(s): _____; Date(s): _____; Address(s): _____

TYPE OF BUSINESS: Kiosk Office/Professional Retail Service Food Establishment Wholesale Automotive
(check all that apply) Manufacturing Warehousing Daycare/Preschool - # of Children ____ Other: _____

State Sales Tax #: _____ EIN/Federal Tax #: _____

State License # (DOPL) _____ State License (DOPL) Type: _____

Describe Your Business In Detail (attach additional sheet if necessary): _____

Describe Any Outside Storage: _____

DETAILS OF BUSINESS LOCATION:

1. Gross Floor Area: _____ square feet (Must provide a floor plan if space exceeds 1,500 sq. ft.)
2. Is this a newly constructed building or new individual tenant improvement? Yes No
3. Have there been any changes or modifications to the building/space (electrical, plumbing, mechanical, structural)? Yes No
4. What was the prior use or occupant of the building/space? _____
5. Are there additional businesses within the same building? Yes No
6. Will there be any changes/additions to existing signage? Yes No

NOTE 1: All commercial spaces are subject to a minimum of two (2) inspections, one each by the Building Division and Fire Department. An additional \$47 inspection fee will be required.

NOTE 2: All proposed signage (permanent or temporary) shall meet the requirements of Layton City Municipal Code, receive Planning Department approval and requires a separate building permit and associated fees.

PUBLIC INFORMATION POSTED ON LAYTON CITY'S WEBSITE

Layton City posts the Name, Address and Business Phone Number of all its local businesses on the www.laytoncity.org website. Some businesses prefer not to have all their business information available to the public.

Please check all information you would **NOT** like made available to the public. (If no boxes are marked, all information will be posted.)

- Business Name Primary Business Phone Number Business Address

IF APPLICANT IS A SOLE-PROPRIETOR, PLEASE COMPLETE THIS SECTION

Owner Name: _____ Date of Birth: _____
Owner Address: _____ Driver License #: _____ State _____
City: _____ State: _____ Zip: _____
Primary Phone: (____) _____ Alternate Phone: (____) _____
Email Address: _____ Fax#: (____) _____

**IF APPLICANT IS A CORPORATION/PARTNERSHIP/LIMITED LIABILITY,
PLEASE COMPLETE THIS SECTION:**

Corporate Name: _____
Corporate Officers/Partners/Members: 1. _____ 2. _____
3. _____ 4. _____
Corporate Address: _____ Suite #: _____
City: _____ State: _____ Zip: _____
Licensing Officer/Contact Name: _____ Phone #: (____) _____
Email Address: _____ Fax #: (____) _____

PUBLIC SAFETY INFORMATION

EMERGENCY INFORMATION

In the event of a police or fire emergency, the information you provide assists us in contacting you. Ideally, the first contact person should be able to respond to the business in a short amount of time and have the necessary keys or alarm codes to enter the building. **MUST LIST AT LEAST TWO (2).**

1st CONTACT Name (Last, First, MI): _____
PERSON: Position: Owner Manager Employee Other _____
Address: _____ City, State, Zip: _____
Day-Time Phone: (____) _____ Evening Phone: (____) _____
After Hours Phone: (____) _____ After Hours Pager/Cell: (____) _____

2nd CONTACT Name (Last, First, MI): _____
PERSON: Position: Owner Manager Employee Other _____
Address: _____ City, State, Zip: _____
Day-Time Phone: (____) _____ Evening Phone: (____) _____
After Hours Phone: (____) _____ After Hours Pager/Cell: (____) _____

Date Entered in CAD: _____

APPLICANT'S AGREEMENT

This form is an application for a business license. The actual license will be issued only when the business is in compliance with all local, state, federal, fire & building codes and all inspections are completed and signed off by the various City departments. Missing or incomplete information on this application may significantly increase approval time.

It is unlawful for any person either directly or indirectly to conduct or operate any business or nonprofit enterprise or to use in connection therewith any vehicle, premises, machine or device in whole or in part, without first obtaining a license to do so and without keeping such license in effect at all times during the conduct or operation thereof. (Layton City Code 5.04.020 (1))

No business license shall be transferred from one person to another, nor from one location to another. (Layton City Code 5.04.130)

I, the undersigned, hereby agree to conduct said business strictly in accordance with all Layton City codes governing such business, and swear under penalty of law that the information contained herein is true and correct to the best of my knowledge. I understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. I also acknowledge the responsibility to renew the Layton City business license within 15 days of my expiration date. A \$40 late fee will be assessed 16 to 45 days after expiration and a \$65 late fee will be assessed 46 days after expiration.

Applicant Signature: _____ Date: _____

Please Print Your Name: _____

OFFICE USE ONLY

Revised 05/17/11

Planning Division: _____ Approved _____ Denied _____ Date _____
Building Division : _____ Approved _____ Denied _____ Date _____
Licensing Officer : _____ Approved _____ Denied _____ Date _____
Zoning District: _____ Conditional Use Permit Required? Yes No
Reason/Comments: _____

Receipt #: _____ License # _____
Received By: _____ Date: _____
Amount: _____
Type of Payment:
 Cash Check # _____ Credit Card
Bldg Permit #: _____ F P