



SYRACUSE CITY BUSINESS LICENSE APPLICATION

Syracuse City Community & Economic Development • 1979 W 1900 S, Syracuse UT 84075
801-825-1477 or 801-614-9627 • website: www.syracuseut.com

OFFICE USE ONLY

License # _____

BUSINESS INFORMATION

Name of Business: _____ DBA: _____
Is your business registered with the Department of Commerce? Yes ___ No ___ **Currently Active?** Yes ___ No ___

If No, please apply at www.business.utah.gov/registration

State Entity # _____ Sales Tax ID # _____ EIN/ Federal ID # _____

State Professional License or DOPL # _____ Website/Facebook: _____

Business Address: _____ Business Phone: _____

Mailing Address if different: _____ City: _____ State: _____ Zip: _____

Desired date of opening: _____ Number of employees other than self _____

Type of business: Sales ___ Service ___ Office/Professional ___ Contractor ___ Child Care ___ Other _____

If a Commercial business, square footage of building used for Business: _____

Describe operation of your business in detail: (Including description, hours and days of operation, customers, parking, etc)

Any business information provided to the City becomes property of Syracuse City and is public record

Business Type

- Commercial
- Home Occupation

- Sole Proprietor
- Corporation
- Partnership
- LLC
- Non-Profit

Exempt

APPLICANT INFORMATION

Owner Name: _____ Owner Phone (other than business): _____

Owner address: _____ City: _____ State: _____ Zip Code: _____

Birth Date: _____ Driver License: _____ State: _____ SSN: _____ Years lived in Utah: _____

Email: _____ Are you the property owner? Yes ___ no ___

Additional Owner Name: _____ Owner Phone (other than business): _____

Owner address: _____ City: _____ State: _____ Zip Code: _____

Birth Date: _____ Driver License: _____ State: _____ SSN: _____ Years lived in Utah: _____

Email: _____ **Are you the property owner?** Yes ___ No ___ (please attach additional sheet if more owners)

APPLICANT AGREEMENT

This form is an application for a business license. The actual license will be issued only after this business is in compliance with all City, State, Federal, fire and building codes and ordinances and all inspections are completed and approvals given. Missing or incomplete information on this application may significantly increase the time needed for approval. This application will expire six months after the filing date if all inspections have not been completed and approvals granted. Operating without a Business License is a Class B Misdemeanor, with each day of noncompliance constituting a separate violation.

I, the undersigned, hereby agree to conduct said Business strictly in accordance with all Syracuse 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 an applicable license and issuance of any other penalties as provided by law. I acknowledge my responsibility to renew my Syracuse City Business License and pay any and all late fees, if applied.

Applicant Signature: _____ Date: _____

Would you like your Business to be listed in the City Business Directory? Yes ___ No ___ Would you like to be featured as Business of the Month? Yes ___ No ___

FOR OFFICE USE ONLY

Business License Fee: \$ _____ Date Paid: _____ By _____

Business License fees are found in the City Consolidated Fee Schedule on the City website. www.syracuseut.com

ZONE: _____ PARCEL ID: _____ CUP Type: Major ___ Minor ___

Conditional Use Permit required? Yes ___ No ___ Permit Fee \$ _____ Date Paid: _____

Departmental Review

Fire Dept:

Building Dept:

Planning Dept:

Comments: