



Calendar Year	_____
Date Received	_____
CUP Approval	_____
Fire Inspection Approval	_____
Health Approval	_____
BL Account ID#	_____

COMMERCIAL BUSINESS LICENSE

Commercial NEW - \$50.00

Commercial RENEW

This Business License expires on December 31st of this year, regardless of the month issued.

**Please Complete All Items – Incomplete Forms Will Be Returned Without Being Processed.
If the location, name or ownership of your business has changed in the past year, please contact our office.**

1. NAME OF BUSINESS _____
 Type of Business and Description _____
 Applicant's Name _____
 Manager's Name _____
 BOUNTIFUL BUSINESS ADDRESS _____
 Mailing Address *(if different than Business Address)* _____
 City, State & Zip _____
 Business Phone # _____ Cell Phone # _____
 E-Mail **(Required)** _____

2. * FEDERAL TAX # _____ * UTAH STATE SALES TAX # _____
 * STATE LICENSE # _____ *(DOPL License)* (* If Applicable)

3. OWNER'S NAME AND HOME ADDRESS

Name _____	Name _____
Street _____	Street _____
City & State _____	City & State _____
Zip Code _____ Phone # _____	Zip Code _____ Phone # _____

A. BASE FEE	\$ 50.00
B. If gross sales for goods and/or services for preceding year were less than \$20,000.00, deduct \$25.00	(\$ _____)
C. FULL-TIME EMPLOYEES: Add \$5.00 for each full time employee over one. (Owners/managers are full time). # of full time employees _____ - (minus) 1 = _____ x (multiply) \$5.00 =	\$ _____
D. PART-TIME EMPLOYEES: Add 10 cents per hour for each employee for an average week. Total # of hours worked for an average work week _____ x (multiply) 10 cents =	\$ _____
E. FOR RENTAL BUSINESSES: If business consists of rentals, either commercial and/or residential. # of rental units _____ - (minus) 3 = _____ x (multiply) \$3.00 =	\$ _____
F. SUB-TOTAL (not to exceed \$500.00)	\$ _____
G. PENALTY: Add 50% of line F if paid after February 14	\$ _____
Add 100% of line F if paid after March 31	\$ _____
H. TOTAL DUE:.....	\$ _____
LICENSE FEES: (Accepted payments are Cash, Credit Card (except Am Ex) or Check payable to "City of Bountiful")	

4. I CERTIFY THAT THE INFORMATION HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Applicant _____ Date _____