



# Commercial Business License Application

American Fork City  
51 East Main, American Fork, Utah 84003  
(801) 763-3000 • www.afcity.org

Type of Application

- New Application
- Change of Location
- Change of Name
- Other \_\_\_\_\_

License #: \_\_\_\_\_

Print clearly or type an answer to every question. Incomplete applications will not be accepted. Application submittal is required prior to opening to avoid the \$50.00 penalty fee. All Federal and State numbers must be obtained before application and fee will be accepted. Commercial business licenses expire December 31st of each year.

## SECTION 1: BUSINESS INFORMATION

Business Name:

DBA:

Business Address:

Mailing Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Business Phone: \_\_\_\_\_ Corporate Business Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Activity: Please choose one (1) that best describes your business.

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Auto                     | <input type="checkbox"/> Florist/Nursery            | <input type="checkbox"/> Manufacturing     | <input type="checkbox"/> Retail            |
| <input type="checkbox"/> Body Art                 | <input type="checkbox"/> Group Home                 | <input type="checkbox"/> Marketing         | <input type="checkbox"/> Salon/Tanning     |
| <input type="checkbox"/> Child Care/Preschool     | <input type="checkbox"/> Gym/Spa/Nutrition          | <input type="checkbox"/> Medical/Dental    | <input type="checkbox"/> School            |
| <input type="checkbox"/> Computer/Internet        | <input type="checkbox"/> Heating & Air Conditioning | <input type="checkbox"/> Mortuary          | <input type="checkbox"/> Service           |
| <input type="checkbox"/> Counseling/Consulting    | <input type="checkbox"/> Instructional              | <input type="checkbox"/> Pawn Shop         | <input type="checkbox"/> Sexually Oriented |
| <input type="checkbox"/> Development/Construction | <input type="checkbox"/> Landscaping                | <input type="checkbox"/> Photography       | <input type="checkbox"/> Video             |
| <input type="checkbox"/> Financial Services       | <input type="checkbox"/> Lawyer/Attorney            | <input type="checkbox"/> Restaurant/Bakery | <input type="checkbox"/> Other _____       |

## SECTION 2: FEDERAL AND STATE INFORMATION

To apply for a Federal EIN, go to <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/How-to-Apply-for-an-EIN>. To register your business and receive a State Sales Tax Number, go to [www.osbr.utah.gov](http://www.osbr.utah.gov) (One Stop Business Registration). If you have additional questions regarding sales tax, contact the State Tax Commission at (801) 374-7070 or 150 East Center St., Ste. 1300, Provo, Utah.

Ownership Type:  Corporation  Partnership  Proprietorship  LLC  DBA  Non-Profit

State Sales Tax No: \_\_\_\_\_ Business Registration No: \_\_\_\_\_

Federal EIN: \_\_\_\_\_ Employer Withholding No: \_\_\_\_\_

State License Type: : \_\_\_\_\_ No. \_\_\_\_\_ Expires: \_\_\_\_\_

Federal License Type: \_\_\_\_\_ No. \_\_\_\_\_ Expires: \_\_\_\_\_

## SECTION 3: BUSINESS DESCRIPTION

Describe Your Business in Detail:

Will your business include any of the following? (Please mark all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Food Establishment (Must include copy of County Health Permit) | <input type="checkbox"/> Media of a Sexual Nature               |
| <input type="checkbox"/> Door to Door Sales   | <input type="checkbox"/> Amusement Devices (# of devices _____) |
| <input type="checkbox"/> Alcoholic Beverage   | <input type="checkbox"/> Alarm System                           |
| <input type="checkbox"/> Dancing  |   |

**SECTION 4: OWNER/MANAGER INFORMATION**

**COMPLETE IF APPLICANT IS A SOLE-PROPRIETOR**

Business Owner Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

**COMPLETE IF APPLICANT IS A CORPORATION/PARTNERSHIP/LLC**

Corporate/Owner Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_ Ste. #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**LOCAL MANAGER**

Local Business Manager Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

**SECTION 5: REQUIRED SIGNATURES**

**SIGNATURES MUST BE OBTAINED BEFORE APPLICATION WILL BE ACCEPTED-VALID 3 MONTHS FROM DATE SIGNED**

Zoning Clearance: (Take completed application to American Fork Planning Department, 275 East 200 North, (801) 763-3060)  
Notes:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Fire Inspection: (Call American Fork Fire Department at (801) 763-3045 to schedule an appointment)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Building Inspection: (Take completed application to American Fork Building Department, 275 East 200 North, (801) 763-3060)  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 6: COMMERCIAL LICENSE FEES**

New Commercial Application Fee .....	\$200.00	\$ _____
Change of Location Fee .....	\$125.00	\$ _____
Name Change/Replacement Fee (No inspections required) .....	\$10.00	\$ _____
Amusement Device Fee .....	\$25.00/Machine/\$200.00 max.	\$ _____
(Amusement devices include, but are not limited to electronic games, pinball machines, billiard tables, devices known as "kiddie rides," and juke boxes.)		
Penalty Fee (Include if business was in operation before business license was issued) .....	\$50.00	\$ _____
<b>TOTAL FEES:</b>		<b>\$ _____</b>

**SECTION 7: APPLICANT AGREEMENT**

I/we hereby agree to conduct said business strictly in accordance with all American Fork City codes governing such business, and swear under penalty of law that the information contained herein is true and correct. I/we also 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. No business license shall be transferred from one person to another, nor from one location to another.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**For Office Use Only**

Amt. Pd: \_\_\_\_\_ Date Pd: \_\_\_\_\_ Pmt. Type:  Cash  Check # \_\_\_\_\_  Credit Card Acc. by: \_\_\_\_\_ Rev. 9/15