

**Application Fee: \$150**

**Per Employee: \$6**

AMOUNT: \_\_\_\_\_

TYPE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Commercial

## Millcreek Business License Application

3330 S. 1300 E. Millcreek, UT 84106 Phone: 801-214-2700

For more information please visit [www.millcreek.us](http://www.millcreek.us)

**BLUE BOXES ARE FOR OFFICE USE ONLY**

Date: \_\_\_\_\_ Business License #: \_\_\_\_\_  
 Community Council: \_\_\_\_\_ Zone: \_\_\_\_\_

Type of Business:  NEW COMMERCIAL BUSINESS  ADDRESS CHANGE  OWNERSHIP CHANGE  
 TEMPORARY BUSINESS  SEASONAL BUSINESS

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Location: \_\_\_\_\_ City: Millcreek State: UT Zip: \_\_\_\_\_  
 Business Web Address: \_\_\_\_\_ Business Email: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Briefly Describe Your Business Activities At The Location:

### YOU MUST SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION:

You must provide documents for all fields marked "Yes" below.

- | Yes                                 | No                       |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | <b>Verification that your Business Name has been registered with the Utah Department of Commerce</b><br><i>(This document is always required unless the Business Name is your exact legal name.)</i>   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <b>Sales Tax Number (STC)</b> <i>(When the business sells a product)</i>   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <b>Employer Identification Number (EIN)</b><br><i>(When there are employees, not including the owner or for a Corporation, Partnership or Limited Liability)</i>   |
| <input type="checkbox"/>            | <input type="checkbox"/> | <b>Property Owner / Manager Authorization</b><br><i>(This form must be completed in addition to the business license application for individuals leasing a commercial or residential space. This form MUST be completed by either the owner of the property, a property management group designated by the owner, or the registered agent of the company. This form must be signed in the presence of a notary by the authorized agent, and the date the document is signed must correspond with the date the document is notarized. This form will NOT be accepted if it is signed by an authorized agent prior to the date the document is notarized.)</i> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>Site Plan</b><br><i>(This must include a to-scale building footprint, marking where the business will be conducted with dimensions or square footage, travel ways &amp; on-site parking stalls designated for your business marked.)</i>  |

**\* Please note you must attach a copy of any professional licensing related to the business's operations \***

### Business Fee Exemption Request

Are you seeking exemption from Business License fees under Utah Code 17-53-216(4)(b) or 10-1-203(7)(b)?  Yes  No  
 If yes, please explain how you meet the exemption requirements:

## OWNER INFORMATION

### OWNERSHIP TYPE:

Sole Proprietorship  Corporation  Partnership\*  Limited Liability\* (Red requires EIN)

### OWNERS NAME:

First: \_\_\_\_\_ Last: \_\_\_\_\_ Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

## CORPORATION INFORMATION

Corporate Name: \_\_\_\_\_

### CORPORATION OFFICERS/PARTNERS/MEMBERS:

(1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

Corporate Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## LOCAL CONTACT/AGENT INFORMATION

Contact Name: \_\_\_\_\_ Position:  Owner  Manager  Employee

Contact Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant's Agreement: I the undersigned understand and agree to comply with all applicable codes and regulations of the Millcreek Code of Ordinances. I understand that I shall not begin, nor cause to begin, business at this location without first obtaining a business license, which includes passing zoning, fire, building, and / or wastewater or other inspections / reviews as required.

I would like my Business License Renewal Form sent to:

Owner's Mailing Address  Business Address  Corporate Address

Please Note: Your business license will expire one year from the date issued, and all licenses must be renewed annually. Any license renewed 30 days after the expiration date will be assessed a penalty fee.

As per Millcreek Code of Ordinance, Section 5.16.090

"... it is the responsibility of the licensee to renew the license and failure to receive a renewal statement does not excuse this responsibility..."

Applicant's Signature: \_\_\_\_\_

Planning/Zoning Approval & Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sale Tax Number (STC):

Federal Tax ID# (EIN):

Number of Employees:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Millcreek**  
 3330 S. 1300 E. Millcreek, UT 84106  
 Phone: 801-214-2700  
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## Property Owner/Manager Authorization

Date: _____	Business License #: _____
Community Council: _____	APN #: _____
Zone: _____	Application Accepted by: _____

### PROPERTY INFORMATION

Property Address: \_\_\_\_\_  
 Requested Use: \_\_\_\_\_

I (we), \_\_\_\_\_, hereby state and affirm that I am (we are) the owner(s) of the property described above and pursuant to a concession agreement to be entered into, I (we) will authorize \_\_\_\_\_ to operate the business described on this form at the property listed above. Pursuant to the concession agreement, I (we) will further allocate this business to use \_\_\_\_\_ number of the available parking stalls. The total number of parking stalls available on the site is \_\_\_\_\_.  
 Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Property Owner(s) Signature \_\_\_\_\_

State of Utah )  
 :ss.  
 County of Salt Lake )

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me \_\_\_\_\_ the signer(s) of the above instrument who duly acknowledged to me they executed same.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ Residing In: \_\_\_\_\_



# INDUSTRY DISCHARGE QUESTIONNAIRE

New Business Form  Renewal Form

### Section: 1

Name of Business: \_\_\_\_\_

Property Address: (street, city, zip) \_\_\_\_\_

Mailing Address: (street, city, zip) \_\_\_\_\_

Contact Person: (Name) \_\_\_\_\_

Contact Person: (Title) \_\_\_\_\_ Phone # \_\_\_\_\_

Facility is: Owned:  Leased:  Home Business:  Other: \_\_\_\_\_

Check the appropriate box's which may apply to your business or give a brief description below of the business products or service's provided;

- Auto-body                       Car Wash                       Machine Shop                       Restaurant / Fast Foods
- Auto-repair                       Dental                       Medical                       Screen Printer / Printing
- Auto-sales                       Dry Cleaner                       Office Only                       Warehouse / Storage
- Other

Required: Brief Description of business: \_\_\_\_\_

### Section: 2

Average Number of Employees: Day: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Night: \_\_\_\_\_ Total: \_\_\_\_\_

Types of Waste Water Discharges; other than SANITARY WASTEWATER (restrooms) check the box's below which may apply to your business

- Non-Contact Cooling Water                       Equipment Wash Down
- Contact Cooling Water                       Boiler Blow Down

Other Discharges; Explain: \_\_\_\_\_

List Expected Daily Water Use in Gallons Per Day (GPD): \_\_\_\_\_

### Section: 3

Are any of your process discharges regulated by Federal Categorical Discharge Standards? Yes  No

If yes, list Standards: Code of Federal Regulations (CFR) \_\_\_\_\_

Will any chemicals be used or stored on site? Yes  No

If yes, list chemicals that will be on site in quantities of 55 gallons or 500 lbs or more on the back of this form.

Will any hazardous waste be generated at this facility? Yes  No

If yes, list types on the back of this form.

*Any Questions please call Central Valley Water Reclamation Facility Industrial Pretreatment Department (801) 973-9100*

I have personally examined and am familiar with the information submitted in this report and any attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein is true, accurate, and complete

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

( FOR C.V.W.R.F. USE ONLY )

Business Classification: ( \_\_\_\_\_ )

Is there a (GOSI) Installed at this location: Yes  No  Is a (GOSI) Needed at this location: Yes  No Reviewed by: (CV) \_\_\_\_\_ Date: \_\_\_\_\_

## CHEMICALS USED

CHEMICAL NAME	AMOUNT STORED	AMOUNT USED

## HAZARDOUS WASTES

NAME	EXPECTED MONTHLY GENERATION QUANTITY	DISPOSAL METHOD