| | BUSINESS LICENSE APPLICATION | | | | | | |
|---|------------------------------|--|----------------------------|---|-----------------------------|--|--|
| OREM | DEVELO | DEVELOPMENT SERVICES • 56 North State Street • Orem, UT 84057 • Ph. (801) 229-7052 | | | | | |
| - | OFFICE USE ONLY | Business License#: | | SLU Code#: | | | |
| www.orem.org | | BUSINESS INFORMATION | | | | | |
| Business Sta | atus (Check all that apply): | ☐ New Business | ☐ Location Change | ☐ Name Change | Ownership Change | | |
| State Registration: | | ☐ Corporation | ☐ Partnership | ☐ Limited Liability | ☐ Sole-Proprietor | | |
| Business Na | me: | | | | | | |
| If name change, previous name: | | | | | | | |
| Location | Address: | | | | | | |
| | City, State, Zip: | | | | | | |
| Business Ph | one: | () | | | | | |
| Mailing | Address Line 1: | | | | | | |
| | Address Line 2: | | | | | | |
| | City, State, Zip: | | | | | | |
| | ress: | | | | | | |
| Website Ad | dress: | | | | | | |
| Would you like a hyperlink to this site from <u>www.orem.org</u> ? ☐ Yes ☐ No | | | | | | | |
| Type of Bus | iness: | ☐ Commercial | | | | | |
| | | ☐ Home Occupation | onWill people be coming | g to your home to transact | business? | | |
| Kind of Bus | iness (if applicable): | ☐ Nonprofit | | | | | |
| | • | _ ^ | 0 days or less with physic | cal location) | | | |
| | | ☐ Mobile Vendo | or (Ice Cream Trucks – | Food Trucks etc.) | | | |
| | | *Private Investig | | • | ond or a \$3000 surety bond | | |
| | | | | quires a \$50 cash bond quires a \$3,000 surety bon | A | | |
| | | ****Fireworks | | quires a \$3,000 surety bon quires a \$300 cash bond | u. | | |
| | | THEWORKS | | quires a \$500 cash cond | | | |
| Nature of B | usiness: | ☐ Manufacturing | ☐ Retail | ☐ Day Care/Preschool | -Number of children | | |
| | | ☐ Wholesale | ☐ Services | ☐ Other | | | |
| Briefly Descr | ibe Your Business: | | | | | | |
| | | | | | | | |
| Does your bu | siness sell products? | ☐ Yes ☐ No | If yes, what is your | state sales tax number | ? | | |
| Does your bu | siness have a process d | lischarge to the sev | ver system? | | | | |
| | | ☐ Yes ☐ No I | f your business/industry | y utilizes any water, not | t including sanitary | | |
| (restroom waste), for any purpose and is discharged to Orem City's sewer sys Will your business produce, store, or use significant quantities of any tox | | | | | | | |
| materials | - | ☐ Yes ☐ No | aumerores of unity come, | enpressive, or uninger of | is enemicals, inquias, or | | |
| Number of E | mployees at location.: | | (If you are the ow | ner, DO NOT count yo | urself.) | | |
| If Applicant Is A Sole-Proprietor, Please Complete This Section. | | | | | | | |
| Owner Nam | ne: | | | | | | |
| | ress: | | | | | | |
| | Zip: | | | | | | |
| | | | | | | | |
| | | | | 4 (| _) | | |
| Date of Birt | h: | | | | | | |

| If Applicant Is A Corporation/Partnership/Limited Liability, Please Complete This Section. | | | | | | | |
|--|---------|-------------------|------------|--|--|--|--|
| Corporate Name: | | | | | | | |
| Corporate officers/partners/members: | (1) | | (3) | | | | |
| • | | | | | | | |
| Registered Agent, Address, Phone: | | | () | | | | |
| Corporate Address | | | | | | | |
| City, State, Zip | | | | | | | |
| Phone 1 | | | | | | | |
| Federal Tax Id# (EIN): | | | | | | | |
| PUBLIC SAFETY INFORMATION | | | | | | | |
| | | | | | | | |
| EMERGENCY INFORMATION In the event of a police or fire emergency, the information you provide assists us in contacting you after hours. 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. | | | | | | | |
| 1 st CONTACT PERSON: | | | | | | | |
| NAME (Last, First, Middle): | | | | | | | |
| POSITION: | ☐ Owner | \square Manager | ☐ Employee | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | | |
| AFTER HOURS PHONE: | | | | | | | |
| AFTER HOURS PAGER/CELL: | () | | - | | | | |
| 2nd CONTACT PERSON: | | | | | | | |
| NAME (Last, First, Middle) | | | | | | | |
| POSITION: | | Č | ☐ Employee | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | | |
| AFTER HOURS PHONE AFTER HOURS PAGER/CELL | | | | | | | |
| | \ | | - | | | | |
| ALARM INFORMATION (If you have an alarm system, you are required to have a permit. By completing th following information, a FREE permit will be mailed to you by Public Safety.) | | | | | | | |
| Do you have an alarm system? | ☐ Yes | □ No | | | | | |
| INSTALLER COMPANY: | | | | | | | |
| INSTALLER PHONE: | () | | - | | | | |
| MONITOR COMPANY: | | | | | | | |
| MONITOR PHONE: | () | | - | | | | |
| APPLICANT'S AGREEMENT | | | | | | | |
| I, the undersigned, understand and agree to comply with all regulations of Chapter 12 of the Orem City Code, Licenses and Business Regulations. If my business is a Home Occupation, I also agree to comply with Orem City Code Section 22-14-15-E. I understand that I shall not begin nor cause to begin business at this location without first obtaining a business license, which includes passing fire, building, and/or wastewater inspection, if required. All Temporary, Transient, Fireworks Stands, and Christmas Tree Lots are required to pass inspection to have the cash bond refunded. If I have an alarm system, I will comply with all alarm provisions of the City ordinance and applicable state laws. Business License fees are non-refundable. | | | | | | | |
| Owner's Signature Date | | | | | | | |
| Please Print Your Name | | | | | | | |
| It shall be unlawful for any person to engage in business within the City without first obtaining a license for doing so, and it shall be unlawful to continue in business without maintaining a valid license. (The City of Orem Municipal Code Section 12-2-1) | | | | | | | |

It takes approximately **two weeks** for your license to be issued assuming your place of business passes any required inspections, the application was properly completed, and the business does not require a conditional use permit.