

# Business License Application



**COTTONWOOD HEIGHTS**  
**: BUSINESS LICENSE APPLICATION**  
 2277 E Bengal Boulevard  
 Cottonwood Heights, UT 84121  
 p.801.944.7067 f.801.944.7007  
 businesslicense@ch.utah.gov

\*\*\*\*\* OFFICIAL USE ONLY \*\*\*\*\*

License Number \_\_\_\_\_

New Application  
 Change of Owner/Location  
 Other \_\_\_\_\_

|   |  |
|---|--|
| <p style="text-align: center;">Home/Residential      Commercial      Temporary</p> <p>Ownership:    Sole Proprietor    Partnership    LLC    Corporation</p> <p><small>*LLC, Corporations &amp; Partnerships must provide a current list of Corporate Officers, Partners, Members, Directors &amp; Registered Agents.</small></p> | <p>Federal Tax ID# _____</p> <p>Utah Sales Tax # _____</p> <p>State License # &amp; Type (if Applicable) _____</p> |
|---|--|

|  |                                |                      |
|--|--------------------------------|----------------------|
| Business Name _____                                      | Business Phone # _____         | # of Employees _____ |
| Business Address (Physical, NO PO Box) _____             | Business WEBSITE Address _____ |                      |
| Mailing Address (other than the Physical location) _____ | Business E-mail Address _____  |                      |

|  |                             |   |  |
|--|-----------------------------|---|--|
| Description of Business Activities _____ | Home Office Only? YES    NO | Will Clients/employees visit your home? YES    NO | Will you have more than 2 daily deliveries to your home? YES    NO |
|--|-----------------------------|---|--|

|                         |             |  |
|-------------------------|-------------|--|
| Emergency Contact _____ | Phone _____ | Do you want to participate in the Cottonwood Heights Business Association? (Membership is free with your business license.)<br>Yes    No |
|-------------------------|-------------|--|

|  |                               |            |                               |                     |           |  |  |
|--|-------------------------------|------------|-------------------------------|---------------------|-----------|--|--|
| Enter Below the names of Owners, Partners, or Corporate Officers and a Local Manager |                               |            |                               |                     |           |  |  |
| Name _____   | Title _____                   | Name _____ | Title _____                   |                     |           |  |  |
| Home Address _____   | Home Address _____            |            |                               |                     |           |  |  |
| City _____   | State _____                   | Zip _____  | City _____                    | State _____         | Zip _____ |  |  |
| Home Phone _____   | Date of Birth _____           |            | Home Phone _____              | Date of Birth _____ |           |  |  |
| Drivers License # _____  | Personal E-mail Address _____ |            | Personal E-mail Address _____ | _____               |           |  |  |

|                         |                 |
|-------------------------|-----------------|
|                         | Fee Amount      |
| Commercial _____        | \$ _____        |
| Home _____              | _____           |
| Home Office Only _____  | No Fee Required |
| Other _____             | _____           |
| <b>Total Fees</b> _____ | <b>\$</b> _____ |
| Credit Card # _____     | _____           |
| Exp. Date _____         | CVV _____       |

\*\*\*\*\* OFFICIAL USE ONLY \*\*\*\*\*

Approvals \_\_\_\_\_

Zoning \_\_\_\_\_

Code Enforcement \_\_\_\_\_

Fire \_\_\_\_\_

Police \_\_\_\_\_

Health \_\_\_\_\_

The foregoing information is correct to the best of my knowledge. I am aware that this application does not authorize conducting business until approved by Cottonwood Heights and a license has been issued. I also agree to conduct said business strictly in accordance with the laws and ordinances covering such business, and that no other type of business will be conducted other than what has been state above. It is the responsibility of the licensee to renew the license, failure to receive notice does not excuse this responsibility.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



# HOME BUSINESS SELF FIRE INSPECTION FORM

This form is to be completed by the applicant.

All of the information contained in this report is considered applicable unless otherwise specified.

Any questions please contact the UNIFIED FIRE AUTHORITY Cottonwood Heights Area Inspector at 743-7270

**Circle the most applicable answer to all questions:**

Business Name : \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

| <u>AREA OF INSPECTION</u>                   | <u>WHAT TO INSPECT</u><br><u>Unless otherwise stated if the answer to any question is "NO" a Fire Department Inspection MAY be required.</u>   | <u>DOES THE AREA/ITEM COMPLY</u> |
|---|--|----------------------------------|
| 1. <u>Address</u>                           | Shall be a minimum of 4" in height and visible from street (free from bushes, shrubs, etc.)  | <u>N/A</u> <u>YES</u> <u>NO</u>  |
| 2. <u>Exits/ Hallways</u>                   | All exit doors SHALL remain clear and free of ALL obstructions; (Boxes, storage, deliveries, etc.)   | <u>N/A</u> <u>YES</u> <u>NO</u>  |
| 3. <u>Fire Extinguishers</u>                | At least one 5lbs Commercial "2A10BC" serviceable (metal head and neck) extinguisher. Permanently mounted in common area of home/business. Required to have an annual inspection by a certified technician.  | <u>N/A</u> <u>YES</u> <u>NO</u>  |
| 4. <u>Storage</u>                           | Shall be no storage under stairways. Shall maintain 36" clearance around all electrical panels. Shall have no storage around furnace, water heater or any fuel-fired appliances.   | <u>N/A</u> <u>YES</u> <u>NO</u>  |
| 5. <u>Misc. Storage</u>                     | Are you storing any flammable or combustible liquids? Are you storing any hazardous materials? (If answer to either of these questions is yes a fire department inspection Shall be required)  | <u>N/A</u> <u>YES</u> <u>NO</u>  |
| 6. <u>Electrical</u>                        | Shall not use any extension cords as permanent wiring (exceeding 3 days). Any open slots in an electrical panel shall have approved cover placed in open slot (Never tape across breakers). All light switches and outlets shall have approved covers. Shall not have surge protectors plugged into another surge protector or extension cord. | <u>N/A</u> <u>YES</u> <u>NO</u>  |
| 7. <u>Smoke/CO Detectors</u>                | Shall have one every level. Shall be tested monthly and batteries changed twice a year.  | <u>N/A</u> <u>YES</u> <u>NO</u>  |
| 8. <u>Space Heaters</u>                     | Shall be UL Listed and Shall be kept clear off all combustibles.   | <u>N/A</u> <u>YES</u> <u>NO</u>  |
| 9. <u>Residential Fire Sprinkler System</u> | If your home has a residential fire sprinkler system, does it have a current inspection tag? (If the answer to this question is NO a fire department inspection is required.)  | <u>N/A</u> <u>YES</u> <u>NO</u>  |

I hereby certify that the information is true and correct to the best of my knowledge.

Business/Home Owner \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name Date