Business License Application

Delta City
76 N 200 W
Delta, UT 84624
435-864-2759
www.delta.utah.gov

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

License Number _____

☐ New Application
☐ Change of Owner/Location
☐ Other _____

BUSINESS INFORMATION		
Business Name	Business Phone #	#of Employees
Business Address (Physical, NO PO Box)	Business Website Address	
Mailing Address (if different from Physical location)	Business Email Address	

DETAIL OF BUSINESS ACTIVITY (if more space needed please use reverse side)

Does your business include: __Services __ Sales __Both

BUSINESS TYPE

__General
__Bank/Credit Union
__Contractor
__Grocer/C-Store/Retail Merchant
__Home Occupation
__Insurance Agent
__Professional License
__Rental Property
__Recreational Vehicle Spaces
__Restaurant

STATE & FEDERAL INFORMATION

Federal Tax ID# _____
Utah Sales Tax ID# _____
Utah State Entity # _____
Utah DOPL # _____

OWNERSHIP __Sole Proprietor __Partnership __Corporation __LLC __Other: _____

*LLC, Corporations & Partnerships must provide a current list of Corporate Officers, Partners, Members, Directors & Registered Agents

List Owners, Partners, or Corporate Officers AND a Local Manager (use a separate sheet if needed)

Name	Title	Name	Title
Home Address, City, State & Zip		Home Address, City, State & Zip	
	Date of Birth	Home Phone	Date of Birth
Driver's License #	Personal Email Address	Driver's License #	Personal Email Address
Are you legally authorized to work in the United States? _____ Have you ever been convicted of a felony? _____		Are you legally authorized to work in the United States? _____ Have you ever been convicted of a felony? _____	

Home Occupations ONLY: Please check all that apply

_ The business is solely a home office and completely contained within the home.
_ There are no commercial vehicles and no more than one business related personal vehicle with signage or logos kept at the home.
_ No Customers, clients, students, suppliers, patrons, etc. visit the home.
_ I marked ALL of the boxes qualifying as a "Non-Impact" Home Occupation
__ There are no on-site employees who are not bona fide residents of the home
__ The home occupation does not create light, noise, traffic, or dust in excess of normal residential amounts.
__ There are no more than 2 business related articles delivered per day.
__ There is no on-site storage of any business-related items.
__ Business owner meets state and federal requirements and does not desire a printed local license.

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 Delta City and a license has been issued. I also agree to conduct 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 stated above. It is the responsibility of the licensee to renew the license, failure to receive notice does not excuse this responsibility.

Signature _____ Title_____ Date_____

FEES		**APPROVALS**	Please contact the City for fees and approvals
License		Zoning	
Other		Fire	
Total		Building	
	$	Health	

PAYMENT Date: _____ Receipt #: _____