



BUSINESS LICENSE APPLICATION

Administrative Services Department · 56 North State Street · Orem, UT 84057 · Ph. (801) 229-7052

OFFICE USE ONLY Business License#: _____ SLU Code#: _____

www.orem.org

BUSINESS INFORMATION

Business Status (Check all that apply): New Business Location Change Name Change Ownership Change
State Registration.....: Corporation Partnership Limited Liability Sole-Proprietor

Business Name.....: _____
If name change, previous name: _____
Location Address.....: _____
City, State, Zip: _____
Business Phone.....: (____) _____
Mailing Address Line 1...: _____
Address Line 2...: _____
City, State, Zip...: _____
E-mail Address.....: _____
Website Address.....: _____

Would you like a hyperlink to this site from www.orem.org? Yes No

Type of Business.....: Commercial
 Home Occupation--Will people be coming to your home to transact business? Yes No

Kind of Business (if applicable)...: Nonprofit
 *Temporary (60 days or less with physical location such as Christmas booth in the mall)
 *Transient (a mobile business for 60 days or less such as an ice cream truck)
 *Private Investigator
 *Pawnbroker
 **Christmas Trees *requires either a \$300 cash bond or a \$3000 surety bond.
 **Fireworks Stand **requires a \$50 cash bond.

Nature of Business.....: Manufacturing Retail Day Care/Preschool –Number of children____
 Wholesale Services Other _____

Briefly Describe Your Business....: _____

Does your business sell products? Yes No **If yes, what is your state sales tax number?** _____

Does your business have a process discharge to the sewer system?
 Yes No (process discharge is any discharge other than restroom waste)

Will your business produce, store, or use significant quantities of any toxic, explosive, or dangerous chemicals, liquids, or materials?
 Yes No

Number of Employees at location: _____ (If you are the owner, DO NOT count yourself.)

If Applicant Is A Sole-Proprietor, Please Complete This Section.

Owner Name.....: _____
Owner Address.....: _____
City, State, Zip.....: _____
Phone 1.....: (____) _____ **Phone 2**.....: (____) _____
Date of Birth.....: _____

If Applicant Is A Corporation/Partnership/Limited Liability, Please Complete This Section.

Corporate Name.....: _____
Corporate officers/partners/members: (1) _____ (3) _____
(2) _____
Registered Agent, Address, Phone.....: _____ (____)
Corporate Address.....: _____
City, State, Zip.....: _____
Phone 1.....: (____) _____ **Phone 2: (.....)** _____
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.

1st CONTACT PERSON.....:

NAME (Last, First, Middle).....: _____
POSITION.....: Owner Manager Employee
ADDRESS, CITY, STATE, ZIP.....: _____
AFTER HOURS PHONE.....: (____) _____
AFTER HOURS PAGER/CELL.....: (____) _____

2nd CONTACT PERSON.....:

NAME (Last, First, Middle).....: _____
POSITION.....: Owner Manager 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 the 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.**

Applicant'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.