



# BUSINESS LICENSE APPLICATION

DEVELOPMENT SERVICES • 56 North State Street • Orem, UT 84057 • Ph. (801) 229-7058

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](http://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 (120 days or less with physical location)  
 Mobile Vendor (Ice Cream Trucks – Food Trucks etc.)  
 \*Private Investigator \* requires either a \$300 cash bond or a \$3000 surety bond  
 \*\*Christmas Trees \*\* requires a \$50 cash bond  
 \*\*\* Pawnbrokers \*\*\* requires a \$3,000 surety bond.  
 \*\*\*\*Fireworks Stand \*\*\*\* requires a \$300 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 If your business/industry utilizes any water, not including sanitary (restroom waste), for any purpose and is discharged to Orem City’s sewer system, it may be considered process flow.

**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.

**1<sup>st</sup> 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.**

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.