



Commercial Business License Application Checklist & Procedures

City of West Jordan
8000 Redwood Road
West Jordan, UT 84088-4604
Phone: 801-569-5010
Fax: 801-569-5049
www.WJordan.com

Please include the following items when submitting an application. All forms must be complete before consideration for review.

1. Commercial Business License Application: (complete all 5 forms)
 - a. Application form
 - b. Fee Calculation form
 - c. Detailed Description form
 - d. Emergency Information form
 - e. Application Questionnaire form
2. Copy of Business Name Registration from State of Utah Department of Commerce: (Articles of Organization, DBA, etc.)
3. Pay fees: (see Fee Calculation form)
 - a. Business License fee
 - b. Development Services fee
 - c. Fire Department fee
4. **Copy of a current background check. (Massage, Reiki, solicitor, and sexually oriented business on all owners and employees.)**

Refer to West Jordan's Municipal code: Title 4 Chapter 1 and Title 4-1A. The Municipal Code can be found online at www.wjordan.com click on "Government," then "Municipal Code."

THE FOLLOWING CITY DEPARTMENTS WILL REVIEW THE APPLICATION

Planning & Zoning

Before applying for a business license, contact the Planning & Zoning Department at 801-569-5060 for any zoning requirements and/or possible restrictions. Sign permits are required for changes to any existing, permanent signs and any temporary sign such as banners, A-frame, streamers, etc. Failure to do so will delay the business license approval.

Building Safety

The Building Safety Department will inspect the business before the license will be issued. After submitting your business license application and when you feel that the building is ready for inspection, call Business Licensing at 801-569-5010 to schedule this inspection.

Fire Department

The Fire Department will inspect the business before the license will be issued. When you are moved in and ready to operate but not operating, please call 801-569-5010 to schedule this inspection.

OTHER AGENCIES THAT MAY NEED TO REVIEW THE APPLICATION

Health Department

If the nature of your business requires approval of the Salt Lake Valley Health Department, whether it's the Bureau of Food Protection or the Bureau of Sanitation & Safety, they will receive a copy of your application. You are responsible to contact them and meet any of their requirements. This includes all

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Beauty Salons, Nail Salons, Massage Therapy, Reiki, Food Services, Doctors, Dentist, etc. Both bureaus are located at 788 E. Wood Oak LN, Murray UT. Any food sales, contact the Bureau of Food Protection at 385-468-3845. Salons, massage therapy, Reiki, doctor's offices, etc., contact the Bureau of Sanitation & Safety at 385-468-3860.

South Valley Water Reclamation Facility

If the nature of your business requires any disposal of any pollutants, chemicals, oils and/or grease, the South Valley Water Reclamation Facility will receive a copy of your application for approval. The applicant is responsible for contacting them and meeting any of their requirements. Grocery and convenient stores, restaurants, film processing, manufacturing industries and auto repair are some examples of applicable businesses. The South Valley Water Reclamation Facility is located at 7495 S. 1300 West, West Jordan or call them at 801-566-7711.

HELPFUL RESOURCES

A great resource for starting a business is www.business.utah.gov. This site connects new business owners with all required Government Agency registrations.

Register Business Name: Department of Commerce and Commercial Code

If you are using a business name, whether it be a DBA, LLC, INC., etc., the name needs to be registered with the Department of Commerce, located at 160 E. 300 South, Salt Lake City, (801-530-4849). This can be done in person or online at www.business.utah.gov (One Stop Online Business Registration).

When using the online registration, you may also obtain tax numbers such as Sales and Use Tax and Employee Income Tax Withholding (EIN).

Employers

If you pay wages to any person and are an employer, you are required to register with the following State and Federal Government Agencies:

- Internal Revenue Service: 50 S. 200 East, Salt Lake City, (800-829-3676)
- Department of Workforce Services: 160 E. 300 South, Salt Lake City, (800-530-5090 or local call 801-530-6800)
- Workers Compensation Fund of Utah: contact Workforce Services at 801-526-9675
- Utah State Tax Commission: 210 N. 1950 West, Salt Lake City, (801-297-2200)
<http://tax.utah.gov>

State of Utah Department of Occupational and Professional License

If your profession is regulated and licensed by the State of Utah such as a contractor, cosmetologist, real estate, mortgage, doctor, etc., a copy of this license will need to be provided to the City when the business license application is submitted. The Department of Occupational and Professional License is located at 160 E. 300 South, Salt Lake City, (801-530-6628) or www.dopl.utah.gov.

Criminal Background Check

Bureau of Criminal Identification, 3888 W. 5400 South, West Valley City, (801-965-4445)

If applicant is from outside of Utah, a criminal background check is required from an equivalent agency located in the state where the applicant resides or a national check by B.C.I., if available.



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APPLICANT INFORMATION

Account No.: _____

Business Name (if applicable): _____

Business Phone: _____ Email: _____

Business Address: _____

Mailing Address: _____

Description of Business Operation: _____

State Sale Tax: _____ EIN # _____

Utah Division of Occupational/Prof. License #: _____ Type: _____

Is your business inside of another business? Name: _____

Local Contact Person/Position: _____ Phone: _____

BUSINESS OWNER INFORMATION

Business Owner Name: _____ Phone: _____

Business Owner Address: _____

Birth Date: _____ Social Security #: _____

Driver's License #: _____ State: _____ Expiration Date: _____

PROPERTY OWNER INFORMATION

Property Owner Name: _____

Owner Address: _____

Phone (Home): _____ (Work): _____

Email Address: _____

APPLICANT INFORMATION

Under state and federal law, we are prohibited from processing this application or issuing a license to any person who fails to provide this information.

Check one:

_____ I am a U.S. citizen. SSN: _____

_____ I am a qualified alien under *U.S.C. 1641 and am present in the U.S. Lawfully. I-94: _____

Alien#: _____

This form is an application for a business license. The payment of license fees does not constitute approval to operate a business. The business license will be issued when all reviews are complete and compliance with Zoning, Building, Fire, Health or other City divisions has been met.

I affirm under penalty of perjury that all information on this application is true and correct. I also agree to comply with all requirements of the West Jordan City Code. My name below constitutes my electronic signature.

(Applicant's Signature)

(Date)

Office use only: _____

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Emergency Information
(Must be completely filled out)

The City of West Jordan provides 24-hour police and fire protection to your businesses. In order for us to provide the best possible service, we need current information on responsible company persons capable of being contacted after business hours and who are able to respond to your business within 15-20 minutes if needed. Please print as clearly as possible.

BUSINESS INFORMATION

Business Name (if applicable): _____
Business Phone: _____ Email: _____
Business Address: _____

RESPONSIBLE PERSONS

Name: _____
Position: _____
Home Address: _____
Phone (Home): _____ (Cell): _____ Pager: _____
Email Address: _____

Name: _____
Position: _____
Home Address: _____
Phone (Home): _____ (Cell): _____ Pager: _____
Email Address: _____

Name: _____
Position: _____
Home Address: _____
Phone (Home): _____ (Cell): _____ Pager: _____
Email Address: _____

This information is confidential and will only be used for official business. If any of the above information changes, please contact us at 801-569-5275.

Date: _____

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Fee Calculations

All these fees are to be paid at the time of application submittal and can be combined on one check.

COMMERCIAL BUSINESS LICENSE

1. For a business with *10 or fewer employees*, **\$75 base fee, plus \$3/full-time employee and \$1.50/part-time employee.**

of full-time employees _____ x \$3 + # of part-time employees ___ x \$1.50 + \$75 base fee =
\$ _____

2. For a business with *11-50 employees*, **\$100 base fee, plus \$3/full-time employee and \$1.50/part-time employee.**

of full-time employees _____ x \$3 + # of part-time employees ___ x \$1.50 + \$100 base fee =
\$ _____

3. For a business with *51-250 employees*, **\$150 base fee, plus \$3/full-time employee and \$1.50/part-time employee.**

of full-time employees _____ x \$3 + # of part-time employees ___ x \$1.50 + \$150 base fee =
\$ _____

4. For a business with *251-500 employees*, **\$250 base fee, plus \$3/full-time employee and \$1.50/part-time employee for the first 250 employees and \$1/full-time employee and \$1.50/part-time employee for the next 249 employees.**

\$ _____

5. For a business with *over 500 employees*, **\$300 base fee, plus \$3/full-time employee and \$1.50/part-time employee for the first 250 employees and \$1/full-time employee and \$1.50/part-time employee for all other employees.**

DEVELOPMENT SERVICES

Application Processing / Inspection Fee: \$50 for all applications \$ 50.00

FIRE DEPARTMENT

Application Processing/Inspection Fee: see below: \$ _____

- \$37 Small Business (1-10 employees)
- \$104 Medium Business (11-50 employees)
- \$142 Large Business (51 or more employees)
- \$37 Home Day Care (0-6 children)
- \$104 Group Home (7-50 children/adults, etc.)
- \$142 Nursing Home, etc.

TOTAL DUE: \$ _____
(from this page)

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Machine License Fee Calculations

MECHANICAL AMUSEMENT DEVICES

(If you own and operate any of these machines at this location)

1. Class "A" – All mechanical amusement devices that permit the player to win free games by a high score or by any system of reward. \$50 per machine.

Number of machines: _____ x \$50 = \$ _____

2. Class "B" – All mechanical amusement devices that do not have provisions for additional games and all electronic and video skill games. \$25 per machine.

Number of machines: _____ x \$25 = \$ _____

3. Class "C" – All mechanical amusement devices known as claw, scoop or grab machines where upon payment a player manipulates the device or parts thereof in expectation of receiving a prize. \$50 per machine.

Number of machines: _____ x \$50 = \$ _____

5. Class "D" – Coin operated music machines (juke boxes). \$25 per machine.

Number of machines: _____ x \$25 = \$ _____

6. Class "E" – Table devices such as pool, billiards, foosball, air hockey, shuffleboard, etc., \$25 per machine.

Number of machines: _____ x \$25 = \$ _____

7. Class "F" – Children Rides. \$25 per machine.

Number of machines: _____ x \$25 = \$ _____

VENDING MACHINES

(If you own and operate any of these machines at this location)

1. Vending Machine. \$10 per machine.

Number of machines: _____ x \$10 = \$ _____

TOTAL DUE: \$ _____
(from this page)

TOTAL FEES DUE: \$ _____
(from pages 5 and 6)

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Detailed Description of Business Operations

Please provide detailed descriptions of business activities in the section applicable. Indicate when the description is not applicable. *A description lacking in detail will likely result in delays.*

COMMERCIAL BUSINESS

Describe the business activities that will be conducted at the proposed business location (office, warehouse, retail or salon):

Describe the business activities that will be conducted off-site (construction, delivery, installation, etc.):

HOME OCCUPATIONS

Is another home occupation operated from this address? If so, what is the business name?

Outline business activities to be conducted in the home:

Provide the number of business vehicles you will have. *Do not include personal vehicles.*

Provide the number of business trailers you will have. *Do not include personal trailers.*

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Questionnaire

PART ONE- PLANNING & ZONING

General Questions

1. Do you wish to put up permanent signs, such as cabinet, pan channel, monument or pole signs?
_____ **NO** – continue with questions _____ **YES** – see “Permanent Signage”
2. Do you wish to put up temporary signs, such as banners, inflatable signs, pennants, etc.?
_____ **NO** – continue with questions _____ **YES** – see “Temporary Signage”
3. Do you wish to store any items outside or conduct any business outside at your business location?
_____ **NO** – you are finished with Part One, go to Part Two on the following page
_____ **YES** – see “Outdoor Storage & Operations”

Permanent Signage

1. The Planning & Zoning Division will conduct an inspection of the business location and if permanent signs have been installed, the business license application approval will be delayed so a sign permit can be acquired.
2. A sign permit is required prior to the construction, reconstruction, location, relocation, alteration, modification or use of any sign.
3. Signs installed without a permit must be removed or they will be assessed a penalty of \$100 or double the normal sign permit fee, whichever is greater.

Temporary Signage

1. The Planning & Zoning Division will conduct an inspection of the business location and if temporary signs have been installed, or change of sign copy, the business license application approval will be delayed.
2. A Temporary Sign Permit is required to locate temporary signs such as inflated signs, banners, pennants, etc.
3. Signs installed without a permit must be removed or they will be assessed a penalty of \$100 or double the normal sign permit fee, whichever is greater.

Outdoor Storage & Operations in M-1 and M-2 zones

1. Outdoor storage and/or operations (storing anything outside and/or conducting business operations outdoors) may only be conducted after the Planning Commission has issued a Conditional Use Permit for such storage or operations.
2. If a Conditional Use Permit has already been obtained to operate with outside storage or operations, submit a copy of said permit with business license application.

Please contact the Planning & Zoning Division to find out how to obtain these permits at 801-569-5060 or go to the second floor of City Hall on the south side.

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PART TWO – BUILDING AND SAFETY

General Questions

1. Will your business be located in a building or a space newly built for you?
 NO – continue with questions **YES** – see “New Construction”
2. Will your type of business differ from the business previously located in the building?
 NO – continue with questions **YES** – see “Change of Use”
3. Have you or anyone made changes to your location (office, building, suite, premises, etc.) other than new paint or carpet?
 NO – continue with questions **YES** – see “New Construction”
4. Will you or anyone be making any changes to your location (office, building, suite, premises, etc.) other than new paint or carpet?
 NO – you are finished with Part Two, go to Part Three on the following page
 YES – see “New Construction”

What is your expected occupancy date?: _____

New Construction

1. New construction or modification of existing construction requires a building permit that can be obtained from Building and Safety.
2. A Certificate of Occupancy is required for new construction and must be obtained before business license inspections can be conducted. The Building and Safety department coordinates the issuance of the Certificate of Occupancy.
3. Obtain the necessary permit(s) and review the Fire Inspection Readiness questions (Part Three on the following page).

Change of Use

1. A change of use needs to be evaluated by Planning & Zoning for zoning compliance before proceeding. Planning & Zoning will coordinate with Building and Safety to determine if a new occupancy classification is needed. Be aware that compliance with occupancy specific requirements is required before a business license will be issued.
2. Obtain the necessary approval and review the Fire Inspection Readiness questions (Part Three on the following page).

Please contact the Building and Safety Division to find out how to obtain these permits(s) at 801-569-5060 or visit the second floor of City Hall on the south side.

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PART THREE – FIRE INSPECTION

Readiness Questions

1. Does your business involve reportable quantities of hazardous materials?
_____ **NO** – continue with questions _____ **YES** – see “Scheduling and Inspections”
2. Does your location (office, building, suite, premises, etc.) have a fire sprinkler system?
_____ **NO** – continue with questions _____ **YES** – see “Fire System Requirements”
3. Does your location (office, building, suite, premises, etc.) have a fire alarm system?
_____ **NO** – continue with questions _____ **YES** – see “Fire System Requirements”
4. After reviewing the West Jordan Fire Department Fire Inspection Checklist, are you ready for inspection?
_____ **NO** – see “Checklist Help” _____ **YES** – see “Scheduling and Inspections”

Fire System Requirements

1. Fire sprinkler systems are required to be inspected annually and to display a current tag indicating they are in compliance. Hood systems and spray booth systems require a 6-month inspection and must display a current inspection tag.
2. Fire alarm systems are required to be monitored by U.L. listed central station and to have current responsible party information available to the alarm company.
3. After reviewing the West Jordan Fire Department Fire Inspection Checklist, are you ready for inspection?
_____ **NO** – see “Checklist Help” _____ **YES** – see “Scheduling and Inspections”

Checklist Help

Call 801-260-7300, West Jordan Fire Prevention, for assistance. Please understand the checklist provides information that is generally required in all businesses so there may be other code requirements specific to your business that must also be met before approval is given.

Scheduling and Inspection

West Jordan Fire Department, Fire Prevention
Please call 801-260-7300 for scheduling and inspections.

You are now finished with the City of West Jordan Business License Application Questionnaire. Please fill in the following information.

Business Name: _____
Business Address: _____
Business Telephone Number: _____
Questionnaire completed by: _____
Name
Date _____ Signature _____