



CITY OF SARATOGA SPRINGS
BUSINESS LICENSE APPLICATION
319 South Saratoga Road, Saratoga Springs, Utah 84045
(801) 766-9793 ext. 196 ♦ www.saratogasprings-ut.gov
BL@saratogasprings-ut.gov

Please clearly print or type an answer to every question. Incomplete applications will not be accepted. Application submittal is required prior to opening to prevent the penalty fee as required by Saratoga Springs City Code § 5.01.15(2). All federal and state numbers must be obtained before application and fee will be accepted. License renewals are due each year upon the anniversary of issuance. Your business license will indicate the expiration date. **IT IS THE BUSINESS'S DUTY TO APPLY FOR ALL RENEWALS.** Please allow up to **two weeks for processing.** If you have any questions, or need assistance in completing this application, please contact the Business License Administrator at (801) 766-9793 ext. 196.

SECTION I: Business Information

Firm or Business Name: _____

Full Business Address: _____

Full Mailing Address: _____

Local Business Phone: _____ Corporate Business Phone: _____

Business Email address: _____ Business Fax Number: _____

Hours of Operation: _____ Website: _____

SECTION II: Federal and State Requirements

Federal and State numbers can be obtained by logging onto <https://corporations.utah.gov/online-business-registration/> (OneStop Business Registration). You may also visit www.utah.gov. The nearest State Tax Commission office can be reached at (801) 374-7070 or 150 East Center Street, Suite 1300, Provo, Utah 84606.

Ownership Type: Corporation Partnership Proprietorship LLC Other: _____

State Sales Tax No.: _____ Business Registration No.: _____

Federal ID No.: _____ Employer Withholding No.: _____

State License Type (if any): _____ No.: _____ Expires: _____

Federal License Type (if any): _____ No.: _____ Expires: _____

SECTION III: Responsible Persons

Business Owner: _____
Name _____ Address _____

Phone Number: _____ Email Address: _____

Date of Birth: _____

Local Business Manager: _____
Name _____ Address _____

Phone: _____ Email Address: _____

Section IV: Business Description

Describe your business in detail here: (if applicable, please include the following: what is the business, days of operation, hours of operation, what is sold/made, are there any business vehicles/trailers located on the premise, where are business vehicles/trailers parked (if any), how many employees are there that do not reside in the home, do employees come to the home (if there are employees), do any clients/ patrons/etc come to the home)

Check if your business includes any of the following:

- Food Establishment (Please include copy of Health Permit)
- Alcoholic Beverages (Please include copy of liquor license)
- Working with minors (Background check may be necessary)
- Dancing
- Amusement Devices

Please answer the following if this is a home occupation:

Numbers of students/patrons/customers/deliveries/clients per day: _____ Per class (if applicable): _____

**Note: Three or more customers or deliveries per day also requires a home occupation permit, which is a separate application and is only allowed in single family homes.*

Is this being used as an office for construction, landscaping, delivery, installation, or a similar business? _____

If you are renting your home please obtain signatures showing permission from the property owner below:

Print Property Owner's Name: _____

Property Owner's Signature: _____

Date: _____

Section V: Department Review

The business license administrator will distribute this application to the following departments for review: Zoning, Fire, Building, and Police. Upon review additional inspections or permits may be required. You may be contacted to complete additional requirements and a business license cannot be issued until they are satisfied.

SECTION VI: Inspections/Testing Required, if applicable

If your business has a cross-connection or backflow preventer installed, you will need to include a copy of the Annual Backflow Test. For more information, including a link to find a Certified Backflow Technician, please go to <https://www.saratogasprings-ut.gov/752>

If there is a storm water treatment system device, such as a retention/detention basin and/or oil/water separator on your business's property, that device needs to be inspected annually and the inspection form remitted. For more information, please see the Long-Term Storm Water Management section at <https://www.saratogasprings-ut.gov/352>

Section VII: Fees**

(please include the base fee, following employee counts, and processing fee in the total)

Required Base Fee (per year):	+ \$50.00
Processing Fee:	+ \$25.00
Number of Full-Time Employees: _____ x \$25.00 for each full-time employee	+ \$_____
Number of Part-time Employees: _____ x \$12.50 for each part-time employee,	+ \$_____
(Maximum fee is \$500.00 per year)	TOTAL DUE = \$_____

**There is no fee for Home Occupations unless after review, and possible inspection, it has been determined the combined offsite impact of the home based business and the primary residential use materially exceeds the offsite impact of the primary residential use alone.

Section VIII: Signature and Acknowledgement

I, the undersigned, having authority to do so in behalf of the business applying hereon, hereby agree to conduct said business strictly in accordance with all Saratoga Springs City codes and ordinances, as well as all County, State, and Federal laws and regulations governing operations of such business. I acknowledge that this is not a business license, but is an application for such and that a penalty may be issued for operating a business without a license. I swear under penalty of law that the information contained herein is true and correct. I understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law.

Print Applicant's Name: _____

Applicant's Signature: _____ Date: _____

Form updated 09-22-2025



CITY OF SARATOGA SPRINGS PLANNING DEPARTMENT USE FORM

1307 North Commerce Drive, Suite 100, Saratoga Springs, Utah 84045
(801) 766-9793 ext. 155 ♦ www.saratogasprings-ut.gov
planning@saratogasprings-ut.gov

COMMERCIAL APPLICANTS TO FILL THIS OUT COMPLETELY

Please clearly print or type an answer to every question. Incomplete applications will not be accepted. Application submittal is required prior to opening to prevent the penalty fee as required by Saratoga Springs City Code § 5.01.15(2). Not required for home occupation applicants.

SECTION I: Business Information

Firm or Business Name: _____

Address of Proposed Use: _____

Full Mailing Address: _____

Parcel I.D.(s) of Use: _____

Local Business Phone: _____ Corporate Business Phone: _____

Applicant Phone: _____

Business Email address: _____ Business Fax Number: _____

Website: _____

SECTION II: Use Information

Zone of Use(s): _____ (check zoning at <https://bit.ly/saratogaspringszoningmap>)

Proposed Use(s): _____

Parking Stalls required by 19.09: _____

Actual number of parking stalls being provided: _____

Is use shown in table 19.04.08 (Residential) or 19.04.10 (for Nonresidential and Mixed Use Zones)? _____
(check uses at <https://www.saratogasprings-ut.gov/DocumentCenter/View/696/1904-Establishment-of-Land-Use-Zones-and-Official-Map>) (Please contact a Planner if you have questions about these tables or need assistance determining your use(s)).

Section III: Signature and Acknowledgement

I, the undersigned, represent that I reviewed the applicable table of uses in 19.04.08 (Residential) and 19.04.10 (Nonresidential) and that the use(s) proposed is(are) permitted or allowed in the applicable zone(s), and I have reviewed 19.09 and the site can meet the parking requirements for the proposed use. I understand that if the use is not allowed in the current zone and/or parking requirement cannot be met, that the City shall not approve this application. I further understand, acknowledge, and agree that if it is determined that the use(s) is(are) in fact not permitted or allowed in the applicable table(s), I am not entitled to such use(s).

Print Applicant's Name: _____

Applicant's Signature: _____

Date: _____



Saratoga Springs Fire & Rescue

Jess L. Campbell – Fire Chief



BUSINESS LICENSE APPLICANT SURVEY

This survey is designed to assist in identifying business that will require a fire department review or inspection prior to the issue of a new business license or before the renewal of a current license. Please fill out the business license application and this form and the fire department will review both documents to determine if an inspection is needed. If no inspection is needed, the Fire Department will sign both forms, which can be submitted to the City Recorder for processing. If an inspection is needed, please schedule an inspection with the Fire Department before submitting your application to the City Recorder.

	YES	NO	FIRE DEPARTMENT SURVEY QUESTIONS
1.			Is the license associated with new commercial construction?
2.			Does the commercial business have a fire sprinkler, restaurant kitchen hood, FDC, or other type of suppression system?
3.			If this is a home business does public occupancy occur at the home? (Salon, Massage, Daycare, Preschool, Other)
4.			Is there combustible dust production? (Wood/Metal Shop or Fabrication)
5.			Is there a spray paint booth?
6.			Are propane tanks stored on site for the purpose of the business? +125 gallons
7.			Are there aboveground or belowground flammable combustible liquid storage tanks?
8.			Is there High-piled storage? (Close proximity storage of combustibles on pallets or in shelving that exceeds 12 feet in height.)
9.			Are chemicals or other hazardous materials stored for business purposes?

*A "YES" response to any of the above questions will require fire department review and inspection.

*If this is a home business and all boxes are checked "NO" the owner will be required to conduct a "Self Fire Inspection" form and return it to the city before a permit is issued.

ACTION REQUIRED

	Fire Company Inspection Required (contact fire department to schedule at 801-766-6505)
	Fire Chief Inspection Required (contact fire department to schedule at 801-766-6505)
	Self-Fire Inspection Required
	No Fire Inspection Required
Fire Chief Signature	Date

995 West 1200 North, Saratoga Springs, Utah 84045
Station # 262 (North)
(801)766-6505 Fax (801)766-3180

Saratoga Springs Fire & Rescue

HOME BUSINESS – SELF FIRE INSPECTION

This form is to be completed by the business owner. All of the information contained in this report is considered applicable unless otherwise specified. For questions please contact the fire department at 801-766-6505.

Business Name: _____

Business Address: _____

Business Owner: _____ Phone Number: _____

Check the most applicable answer to all questions:

<u>REQUIREMENTS</u>	<u>WHAT TO INSPECT</u>	<u>COMPLIANCE</u>
1. <u>Address</u>	Address numbers shall be a minimum of 4" in height and visible from the street.	YES <input type="radio"/> NO <input type="radio"/>
2. <u>Exits/Hallways</u>	Exit doors shall be operable and remain clear and free of obstructions: (Boxes, storage, deliveries, etc.)	YES <input type="radio"/> NO <input type="radio"/>
3. <u>Fire Extinguishers</u>	One 5lb commercial "2A10BC" rated, "serviceable type" extinguisher required. Mount in a readily accessible area of the home. Extinguisher is required to have an annual inspection and must be tagged by a certified service technician.	YES <input type="radio"/> NO <input type="radio"/>
4. <u>Storage</u>	Maintain 36" clearance around all electrical panels, furnace, water heater or any fuel-fired appliances.	YES <input type="radio"/> NO <input type="radio"/>
5. <u>Hazardous Materials</u>	Use or storage of flammable combustible liquids in large quantities? Use or storage of hazardous materials? (If answer to either of these questions is yes-a fire department inspection is required. Contact the fire department to schedule.	YES <input type="radio"/> NO <input type="radio"/>
6. <u>Electrical</u>	Extension cords cannot be used in place of permanent wiring. Small electrical appliances should be plugged into surge protectors. Power strips cannot be plugged into another power strip. No open slots in electrical panels allowed. All receptacles and switches shall have approved covers installed.	YES <input type="radio"/> NO <input type="radio"/>
7. <u>Smoke/CO Detectors</u>	At least one smoke detector is required on each level of the home. One CO detector or combination CO/smoke detector is required. Detectors should be tested monthly and batteries replaced annually.	YES <input type="radio"/> NO <input type="radio"/>
8. <u>Space Heaters</u>	Shall be UL listed and kept clear of all combustibles.	YES <input type="radio"/> NO <input type="radio"/>

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

Business Owner _____ Signature _____ Date _____



Utah County Assessor Department

Burt Garfield
Assessor
801.851.8275

Theron Case
Deputy Assessor
801.851.8418

Dear Business Owner,

Congratulations on the establishment of your new business, as a new business owner there are some obligations that you need to fulfill as a responsible business owner.

Utah State Legislation requires that each business files an affidavit each year with the Assessor's Office declaring their taxable property. This affidavit allows you to list the equipment and supplies you use for your business. Affidavits are sent at the beginning of each new year. If your business equipment has less than **\$29,300** (2025) in market value then you may be exempt from paying any taxes, **this does not exempt you from filing each year**. Any failure to file can result in fines, interest, estimations, and audits.

Our office searches through State and City business registries, information from leasing agencies, field research, and State Audits to locate any business operating within Utah County. Any change in either status of the business or account information must be reported to us immediately. In addition, if you are closing a business, **you must inform us in writing**, as well as inform the City and State agencies. Failure to do so may keep your account active and additional penalties and interest may accrue.

Please fill out and return the attached form below to:

Utah County Assessor - Personal Property
100 E Center Street, Rm 1105
Provo, UT 84606 or FAX 801-851-8282 or Email Personalproperty@utahcounty.gov

If you have any questions about this tax, information can be found on our website at pptax.utahcounty.gov you can call 801-851-8295 and we will be happy to assist you.

Please Cut Here

NEW BUSINESS INFORMATION FORM

Please Print Clearly

Business Name: _____

Owner Name: _____

Contact Name: _____

Business Address: _____

Mailing Address: _____

Telephone #: _____ **Fax #:** _____

Nature of business: _____

Date business started: _____

E-mail address: _____