



**CITY OF SARATOGA SPRINGS
BUSINESS LICENSE RENEWAL APPLICATION**

319 South Saratoga Road, Saratoga Springs, Utah 84045

(801) 766-9793 ext. 196 ♦ www.saratogaspringscity.com

BL@saratogasprings-ut.gov

For Office Use Only:

Application Received By:	Date:	License No.:
Amount Paid:	Receipt No.:	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card

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

Business Name: _____

Full Business Address: _____

Full Mailing Address: _____

Local Business Phone: _____ Corporate Business Phone: _____

Business Email address: _____ Business Fax Number: _____

Hours of Operation: _____ Number of Employees: _____

Website: _____

pay (Home Occupations Only): _____

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

SECTION III: Responsible Persons

Business Owner: _____
Name _____ Address _____
Phone Number: _____ Email Address: _____

Local Business Manager: _____
Name _____ Address _____
Phone: _____ Email Address: _____

Section IV: Fees**

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

Required Base Fee (per year):	+ \$50.00
Number of Full-time Employees _____ <i>x \$25.00 for each full-time employee</i>	+ \$ _____
Number of Part-time Employees _____ <i>x \$12.50 for each full-time employee</i>	+ \$ _____
Total Due	= \$ _____

(Maximum fee is \$500.00 per year)

**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 V: 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.saratogaspringscity.com/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.saratogaspringscity.com/352>

Section VI: 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: _____