



Commercial Business License Application

American Fork City
51 East Main, American Fork, Utah 84003
(801) 763-3000 • www.afcity.org

Type of Application

- New Application
- Change of Location
- Change of Name
- Other _____

License #: _____

Print clearly or type an answer to every question. Incomplete applications will not be accepted. Application submittal is required prior to opening to avoid the \$50.00 penalty fee. All Federal and State numbers must be obtained before application and fee will be accepted. Commercial business licenses expire December 31st of each year.

SECTION 1: BUSINESS INFORMATION

Business Name:

DBA:

Business Address:

Mailing Address:

City: _____ State: _____ Zip: _____

Local Business Phone: _____ Corporate Business Phone: _____

Website: _____ Business Email: _____

Business Activity: Please choose one (1) that best describes your business.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Auto | <input type="checkbox"/> Florist/Nursery | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Body Art | <input type="checkbox"/> Group Home | <input type="checkbox"/> Marketing | <input type="checkbox"/> Salon/Tanning |
| <input type="checkbox"/> Child Care/Preschool | <input type="checkbox"/> Gym/Spa/Nutrition | <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> School |
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Heating & Air Conditioning | <input type="checkbox"/> Mortuary | <input type="checkbox"/> Service |
| <input type="checkbox"/> Counseling/Consulting | <input type="checkbox"/> Instructional | <input type="checkbox"/> Pawn Shop | <input type="checkbox"/> Sexually Oriented |
| <input type="checkbox"/> Development/Construction | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Photography | <input type="checkbox"/> Video |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Lawyer/Attorney | <input type="checkbox"/> Restaurant/Bakery | <input type="checkbox"/> Other _____ |

SECTION 2: FEDERAL AND STATE INFORMATION

To apply for a Federal EIN, go to <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/How-to-Apply-for-an-EIN>. To register your business and receive a State Sales Tax Number, go to www.osbr.utah.gov (One Stop Business Registration). If you have additional questions regarding sales tax, contact the State Tax Commission at (801) 374-7070 or 150 East Center St., Ste. 1300, Provo, Utah.

Ownership Type: Corporation Partnership Proprietorship LLC DBA Non-Profit

State Sales Tax No: _____ Business Registration No: _____

Federal EIN: _____ Employer Withholding No: _____

State License Type: : _____ No. _____ Expires: _____

Federal License Type: _____ No. _____ Expires: _____

SECTION 3: BUSINESS DESCRIPTION

Describe Your Business in Detail:

Will your business include any of the following? (Please mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Food Establishment (Must include copy of County Health Permit) | <input type="checkbox"/> Media of a Sexual Nature |
| <input type="checkbox"/> Door to Door Sales | <input type="checkbox"/> Amusement Devices (# of devices _____) |
| <input type="checkbox"/> Alcoholic Beverage | <input type="checkbox"/> Alarm System |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> CBD or Hemp Products <input type="checkbox"/> Tobacco Products <input type="checkbox"/> Massage Therapy |

SECTION 4: OWNER/MANAGER INFORMATION

COMPLETE IF APPLICANT IS A SOLE-PROPRIETOR

Business Owner Name:	Phone No:
Home Address:	City: State: Zip:
Email:	Driver's License No:

COMPLETE IF APPLICANT IS A CORPORATION/PARTNERSHIP/LLC

Corporate/Owner Name:	Phone No:
Address:	Ste. #:
City:	State: Zip:
Contact Name:	Phone No:
Address:	City: State: Zip:
Email:	

LOCAL MANAGER

Local Business Manager Name:	Phone No:
Home Address:	City: State: Zip:
Email:	

SECTION 5: REQUIRED APPROVALS WILL DETERMINE ACCEPTANCE OR DENIAL OF APPLICATION

Upon submission of application, approval from Planning & Zoning, Building, and the Fire Department will be received. At that time, you will receive an email to pay for the business license. There is a possibility of denial and fees would not be collected.

After completing and submitting this application to the American Fork City Administration Building at 51 E Main St , American Fork Utah, you must call the American Fork Fire Department at 801-763-3045 to schedule a business license inspection.

SECTION 6: COMMERCIAL LICENSE FEES

New Commercial Application Fee.....	\$200.00
Change of Location Fee	\$125.00
Name Change/Replacement Fee (No inspections required)	\$10.00
Amusement Device Fee.....	\$25.00/Machine/\$200.00 max.
(Amusement devices include, but are not limited to electronic games, pinball machines, billiard tables, devices known as "kiddie rides," and juke boxes.)	
Penalty Fee (Include if business was in operation before business license was issued).....	\$50.00
Renewal Fee.....	\$40.00

SECTION 7: APPLICANT AGREEMENT

I/we hereby agree to conduct said business strictly in accordance with all American Fork City codes governing such business, and swear under penalty of law that the information contained herein is true and correct. I/we also 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. No business license shall be transferred from one person to another, nor from one location to another.

Applicant Signature: _____	Date: _____
Applicant Printed Name: _____	Title: _____

For Office Use Only

Date submitted _____	Acc. by: _____
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