

**Santaquin City Corporation**  
**New Business License Application**  
 275 West Main, Santaquin, Utah 84655  
 (801) 754-3211 Fax (801) 754-3526  
[www.santaquin.org](http://www.santaquin.org)



**Notice:** Home and Temporary Licenses: Please attach a separate, signed and dated letter stating the following information concerning your business: Description and type of business, number of employees, estimated number of patrons visiting the home hourly and daily, hours of operation, number and type of vehicles used in the business, floor area size devoted to business, storage area for materials, any anticipated noise, dust, fumes, vibration, smoke or electrical interference, and any hazardous, flammable or unsafe materials or equipment to be stored at the business.

The application for a business license must be completely filled out and submitted for review. It is **strongly** advised that all business license applications be submitted well in advance of all deadlines. All business licenses must be reviewed and approved by the appropriate City Departments prior to operation of the business. State law requires all business names be registered with the Utah Department of Commerce. Business licenses expire on December 31<sup>st</sup>.

Applicant's Information			
Name:		Home Phone Number:	
Home Address:		City:	State:
Title or Agent (as applicable):		Driver License Number:	Social Security Number:
Business Information		Email:	
Business Name:		Business Property Address (if different):	
Business Mailing Address:		Business Phone Number:	Tax ID Number:
City:	State:	Zip Code:	Applicant's Signature:
Business License Requested			
Please Check One	<input type="checkbox"/> Commercial or Industrial <input type="checkbox"/> Class "A" Beer License (off-premise) <input type="checkbox"/> Temporary Business License	<input type="checkbox"/> Home or Premises Occupation <input type="checkbox"/> Class "B" Beer License (on-premise) <input type="checkbox"/> Other (explain):	
Type of Business	Application Review & Certification (for City use only)		
Description of Business: _____ _____ _____ _____	Planning: _____	Fee:	
	Building Inspection: _____	Payment Date:	
	Fire Inspection: _____	Number:	
	Police: _____		
	City Manager: _____		
	Business License Admin: _____		



# SANTAQUIN/GENOLA POLICE DEPARTMENT

Chief Rodney Hurst

Lieutenant Kris Johnson

Phone: 801-754-1070

Sergeant Jake Stika

Fax: 801-754-1697

DATE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

Address \_\_\_\_\_ Business Phone \_\_\_\_\_

Owner \_\_\_\_\_

Business Hours \_\_\_\_\_

## Emergency Information

Please provide a list of phone numbers we may contact in the event of an emergency.

PRIMARY PERSON

PHONE NUMBER(S)

SECONDARY PERSON

PHONE NUMBER(S)

## PLEASE LIST THE FOLLOWING INFORMATION:

### IN CASE OF FIRE:

Hazardous Materials \_\_\_\_\_

### IN CASE OF ILLEGAL ENTRY:

Should anyone be in after hours, if so, who? \_\_\_\_\_