Mapleton City Corporation
125 West Community Center Way (400 North)
Mapleton, UT 84664
Phone: (801) 489-5655 Web: www.mapleton.org
Fax: (801) 489-5657

BUSINESS LICENSE APPLICATION

BUSINESS LICENSE NUMBER

☐ **Commercial Business** ☐ **Home Occupation Business** ☐ **Temporary/Seasonal Sales** ☐ **Burglar Alarms**

Name of Business:	**Business Phone Number:** **Business Fax Number:** **Email Address:**
Business Address:	**Mailing Address:**

State Registration: ☐ **Sole-Proprietor** ☐ **Corporation** ☐ **LLC** ☐ **LP** ☐ **LLP**	**DBA #** **Expires / /**	**State Tax #** **(if applicable)**	**Corporation #** **(Must attach a copy of Articles of incorporation)**	**Federal Tax ID #** **(if applicable)**

Business Owner Name(s)	**Owner's Address** **Street:** **City:** **State** **Zip**	**Owner's Phone Number(s)**

Nature of Business: ☐ **Manufacturing** ☐ **Wholesale** ☐ **Retail** ☐ **Services** ☐ **Daycare/Preschool** – Number of children _____

☐ Other_____

Total Number of Employees: _____ **Number of Full-time Employees:** _____ **Number of Part-time Employees:** _____

Briefly describe your business:

Annual License fee rates:

- **Business License -** $100 plus $25 per employee
- **Home Occupation -** $100 plus $25 per employee
- **Home Occupation Renewal -** $50 per year + $25 per Employee
- **Burglar Alarms** - $50 plus $2.00 for each subscriber

$_____

The receipt for payment of license fees does not constitute being approved to operate a business. The actual license will only be issued when all inspections are complete and approved. Business Licenses expire annually on December 31st. Renewal is the responsibility of the business owner. Failure to receive a renewal notice does not excuse this responsibility. License renewal fees are due on or before January 31st. Any license fee not paid within thirty (30) days of the due date will be issued a late fee.

I hereby agree to conduct said business strictly in accordance with the Laws and Ordinances set forth by Mapleton City, Utah County, the State of Utah, and Federal standards, covering such business, and swear under penalty of law that the information contained herein is true to the best of my knowledge. I also agree that no other type of business will be conducted other than what has been stated above.

X _____
Signature **Date**

THIS SECTION FOR OFFICE USE ONLY

Planning & Zoning	**Date:**	**Zone:**	**Signature:**	**Approved** **Yes / No**
Police Department	**Date:**	**Comments:**	**Signature:**	**Approved** **Yes / No**
Fire Department	**Date:**	**Comments:**	**Signature:**	**Approved** **Yes / No**