

Beauty/Nail Salon Booth Rental Application Check List

**It is the responsibility of the applicant to provide COPIES of ALL required documents
COPIES WILL NOT BE MADE FOR YOU AND ORIGINAL DOCUMENTS WILL NOT
BE GIVEN BACK!! Failure to provide these documents will result in the inability to apply
for a business license until a later time when these documents can be provided. Documents
required at time of application:**

MAKE COPIES OF ALL REQUIRED DOCUMENTS!!

- COPY** of current State of Utah Professional License (Expired Licenses are not acceptable.)
- COPY** of Cosmetology Facility Permit issued by the Health Department (Only applicable to Studio Rentals.)
- COPY** of proof of registration of business name (if applicable)
- COPY** of Federal AND State Tax documents (these are not the same as name registration documents)
- COMPLETED** copy of application. Fields asking for Professional License Number/Expiration, Tax information, Date of Birth, and ID number are NOT optional. Incomplete applications will be denied.
- SIGNED AND NOTARIZED** check cashing affidavit. (You can get this document signed and notarized at City Hall.)

Departmental Contact Check List

DEPARTMENT OF COMMERCE

- All persons or partners doing business in Utah under an assumed business name must register their business name with the Department of Commerce.
- Place: Heber Wells Building, 160 East 300 South
- Phone: (801) 530-4849 <https://secure.utah.gov/osbr-user/user/welcome.html>
- **Verification Required with Business License Application**

FEDERAL EMPLOYER'S TAX I.D. NUMBER

- Every person without a previous tax number who pays wages to one or more employees or is required to file any federal reports must apply for a tax number on Form SS-4 with the IRS.
- Place: 50 South 200 East
- Phone: 1-800-829-1040 www.irs.ustreas.gov/formspubs/index.html

- Contact the IRS for information related to income, excise, self-employment and other federal taxes. The IRS also provides a Business Tax Kit and Tax Seminar for businesses. The seminar will provide you with basic instructions and forms for reporting federal taxes on your business.
- Place: 50 South 200 East
- Phone: 1-800-829-1040 www.irs.gov

STATE TAX INFORMATION

- For information related to income tax, sales and use taxes, and other applicable state taxes as well as information concerning applications for a state tax number contact the Utah State Tax Commission.
- Place: 210 North 1950 West
- Phone: (801) 297-2200 www.tax.utah.gov

HEALTH DEPARTMENT SERVICES

- Place: 788 East Woodoak Lane (5400 South) Environmental Health
- Place: 2001 South State Street, S2500 – Administrative Services
- Phone: 385-468-3835
- <http://slcohealth.org/>

Business License Fee Schedule

Effective Date: 07/01/2015

Commercial Business	Number	Fee	Total
Base Fee	X	\$137.00	\$
Renewal Fee	X	\$19.00	\$
Solicitor (New App. and Renewal)	X	\$45.00	\$
SOB (Principal, Escort, Driver, Body Guard)	X	\$84.00 each	\$

Booth Rental	Number	Fee	Total
New Application Fee	X	\$68.00	\$
Renewal Fee	X	\$19.00	\$

Home Business	Number	Fee	Total
Base Fee	X	\$94.00	\$
Renewal Fee	X	\$19.00	\$

Good Landlord	# of Units	Fee Per Unit	Total
New Application Base Fee	X	\$143.00	\$
Renewal Base Fee	X	\$102.00	\$
Good Landlord Program Reduction	X	\$7.00	\$
Non-Program Apartments 3+	X	\$33.00	\$
Non-Program Duplex	X	\$42.00	\$
Non-Program Single Family	X	\$80.00	\$

Other Variable Fees:	Number	Fee	Total
Alcohol Establishment	X	\$300.00	\$
Bar/Lounge	X	\$215.00	\$
Big Box Retail	X	\$400.00	\$
Commercial Retail	X	\$110.00	\$
Convenience/Gas	X	\$100.00	\$
Construction/Contractor	X	\$50.00	\$
Education	X	\$500.00	\$
Health	X	\$500.00	\$
Hotels/Motels	X	\$180.00	\$
Pawn Shop	X	\$400.00	\$
Personal Services	X	\$50.00	\$
Professional Services	X	\$30.00	\$
Restaurant/Food Establishment	X	\$300.00	\$
Storage Units	X	\$330.00	\$
Taxi	X	\$60.00 Per Vehicle	\$
Tobacco Specialty Business Fee	X	\$22.00	\$
Vending Carts	X	\$18.00	\$

Bonding Schedule

Christmas tree sales	\$200.00
Auctions and auctioneers	\$1,000.00
Pawn shops, secondhand dealers	\$1,000.00
Public recreation	\$1,000,000.00 bodily injury (per person and per occasion)
	\$1,000,000.00 property damage
Fireworks	\$1,000.00
Sexually oriented businesses	\$2,000.00 (replenishable)



Midvale City
7505 S Holden St
801-567-7200

BUSINESS LICENSE APPLICATION

****OFFICIAL USE ONLY****

License Number: 	<input type="checkbox"/> New Application <input type="checkbox"/> Change Owner/Location <input type="checkbox"/> Other	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Approvals</td> </tr> <tr> <td>Building: _____</td> <td>Date: _____</td> </tr> <tr> <td>Fire: _____</td> <td>Date: _____</td> </tr> <tr> <td>Code Enf.: _____</td> <td>Date: _____</td> </tr> <tr> <td>Health: _____</td> <td>Date: _____</td> </tr> <tr> <td>SVWR: _____</td> <td>Date: _____</td> </tr> <tr> <td>Zoning: _____</td> <td>Date: _____</td> </tr> <tr> <td>Parcel ID # _____</td> <td></td> </tr> <tr> <td>Zone: _____</td> <td></td> </tr> </table>	Approvals		Building: _____	Date: _____	Fire: _____	Date: _____	Code Enf.: _____	Date: _____	Health: _____	Date: _____	SVWR: _____	Date: _____	Zoning: _____	Date: _____	Parcel ID # _____		Zone: _____	
Approvals																				
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Health: _____	Date: _____																			
SVWR: _____	Date: _____																			
Zoning: _____	Date: _____																			
Parcel ID # _____																				
Zone: _____																				
Notes: _____																				

License Type: <input type="checkbox"/> Home <input type="checkbox"/> Commercial Is this a new type of Business at this Location: <input type="checkbox"/> Yes <input type="checkbox"/> No Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <small>*LLC, Corporations & Partnerships must provide articles of incorporation</small> Hours of Operation: _____	Is Business Name Registered with the State: <input type="checkbox"/> Yes <input type="checkbox"/> No Federal Tax ID#/SS# _____ Utah Sales Tax # _____ Professional License # & Type (if Applicable) _____ EPA Hazardous Materials on Site: <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Name: _____	DBA Name: _____
Business Address: (Physical, no PO Box or Virtual Office)	
Mailing Address (if different):	
Business Phone: _____	E-Mail Address: _____
Description of Business Activities:	
Emergency Contact: _____	Phone: _____
Information of Owner, Partner, or Corporate Officers and a Local Manager	
Name: _____ Title: _____	Name: _____ Title: _____
Home Address _____	Home Address: _____
City/State/Zip _____	City/State/Zip _____
DL# Number: _____ D.O.B. _____	DL# Number: _____ DOB _____
Phone: _____ E-Mail: _____	Phone: _____ E-Mail: _____
Property Owner Information	Fee Amount
Name: _____	Base Fee _____
Address: _____	Bond _____
City/State/Zip: _____	Variable Fee(s) _____

	Total _____

The foregoing information is correct to the best of my knowledge. I am aware that this application does not authorize conducting business until approved by Midvale City and a license has been issued. I also agree to conduct said business strictly in accordance with the laws and ordinances covering such business, and that no other type of business will be conducted other than what has been stated above. **It is the responsibility of the licensee to renew the license, failure to receive notice does not excuse this responsibility.**

Signature

Title

Date



Check Cashing Business Prohibited

Under the Midvale Municipal Code, check cashing and deferred deposit loans have been defined as:

“Check cashing” means cashing a check for consideration or extending a deferred deposit loan and shall include any other similar types of businesses licensed by the state pursuant to the Check Cashing Registration Act. The term “check cashing” shall not include fully automated stand-alone services located inside of an existing building, so long as the automated service incorporates no signage in the windows or outside of the building. (Midvale Code 17-2-3)

“Deferred deposit loan” means a transaction where:

- A. A person presents to a check cashing business a check written on that person’s account; and
- B. The check cashing business:
 - 1. Provides the maker an amount of money that is equal to the face value of the check less any fee or interest charged for the transaction; and
 - 2. Agrees not to cash the check until a specific date. (Midvale Code 17-2-4)

I, _____, being duly sworn, depose and say that I am the owner of _____ business to be located at _____ in Midvale, Utah. This affidavit verifies that the above business does *not* and will *not* include check cashing services, extending deferred deposit loan, or similar types of service as those defined above and as included in the Check Cashing Registration Act (Utah Code Title 7, Chapter 23).

Business Owner Signature
(MUST BE SIGNED IN PRESENCE OF NOTARY)

Date

Subscribed and sworn to me this _____ day of _____, 20____

Notary
Residing in Salt Lake County,
Utah
My Commission
expires:_____