

Blue Box – Office Use Only

White Box – Applicant

Application for Event License

(This is not a License)

Date: _____	Business License #: _____
Community Council: _____	APN #: _____
Zone: _____	Application Accepted by: _____

Starting Date: _____	
Ending Date: _____	Time(s) of Operation: _____

Event Business Name: _____	Phone: _____
Location of Event: _____	Zip: _____
Website: _____	Email: _____

Event Type: _____		
At this event will there be sales of alcohol?	<input type="checkbox"/> No <input type="checkbox"/> Yes	There will be: <input type="checkbox"/> Beer <input type="checkbox"/> Liquor/Wine
Will there be a door charge?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Number of people to attend _____
Will there be food served at the event(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Briefly describe your business:		

MANDATORY SUBMITTAL ITEMS:

Please submit the following.

Yes No

- Copy of 501k (non-profits only)
- Employee Identification Number (EIN)
- Temporary Sales Tax Number (STC)** (if a product is being sold)

APPLICANT'S NAME:

First: _____ Last: _____ Initial: _____ Date of Birth: _____

Owner's Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Have you ever been convicted of a felony? No Yes Are you a U.S. citizen? No Yes

LOCAL CONTACT/AGENT INFORMATION

Contact Name: _____ Position: Owner Manager Employee

Corporate Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Applicant Agreement: I the undersigned understand and agree to comply with all applicable codes and regulations of the Salt Lake County Code of Ordinances. I understand that I shall not begin nor cause to begin business at this location without first obtaining a business license, which includes passing zoning, fire, building, and / or wastewater or other inspections / reviews as required.

Applicant's Signature: _____ Date _____

Sales Tax Event#: (SSC)

Federal Tax Id#: (EIN)

Land Use Approval:

Use: _____ Zone: _____

Print Name: _____

Signature: _____

Date: _____

NAICS Code:

Number of Employees:
