



# TEMPORARY OR SINGLE EVENT BUSINESS LICENSE APPLICATION

**West Bountiful City**  
BUSINESS LICENSING DEPARTMENT  
550 N 800 W, West Bountiful, UT 84087  
Phone: (801) 292-4486  
[www.wbcity.org](http://www.wbcity.org)

**Business Information:**

**Permit #** \_\_\_\_\_

Business Legal Name: \_\_\_\_\_ (DBA) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Owner of Business (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Temporary Business: \_\_\_\_\_

Temporary Location in City: \_\_\_\_\_ Expected # of Attendees: \_\_\_\_\_

Proposed Dates of Use: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Home Business License City: \_\_\_\_\_ Sales Tax ID: \_\_\_\_\_

**Additional Information:**

- \_\_\_\_\_ 1. Detailed description of business activities to take place at the temporary location.
- \_\_\_\_\_ 2. Site map showing location on property, lighting, parking, etc. (include permission from property owner, if applicable).
- \_\_\_\_\_ 3. Copy of primary business license if licensed in another city.
- \_\_\_\_\_ 4. Copy of current health department approval (food vendors, special events)
- \_\_\_\_\_ 5. Copy of food handler's certificates for on-site employees (food vendors)
- \_\_\_\_\_ 6. Copy of current fire inspection approval (food vendors, fireworks sales, special events)
- \_\_\_\_\_ 7. DABC Application and request for Local Consent, if appropriate.

*I hereby make application for the issuance of a temporary business license in accordance with the provisions of West Bountiful Municipal Code, Title 5. I certify that the above information is true and correct to the best of my knowledge.*

*I understand that additional permitting may be required in order to comply with zoning requirements.*

Date: \_\_\_\_\_

Sign Here: \_\_\_\_\_

Applicant

**Temporary License Fee:**

Base fee per year \$ 25.00

Plus \$1.00 per day up to a maximum of \$100.00 # days \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL DUE** \$ \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Application/Payment Received Date: \_\_\_\_\_ Fire Dept. Inspection Date: \_\_\_\_\_

Health Dept Approval Date: \_\_\_\_\_ Fire Dept Approval Date: \_\_\_\_\_

Temp License Permit Valid from: \_\_\_\_\_ through \_\_\_\_\_