SALT LAKE CITY CORPORATION APPLICATION FOR NEW BUSINESS

451 South State Street #225 / PO Box 145458 • Salt Lake City, UT 84114-5458 Phone (801) 535-7980
All Application Fees Are Non-Refundable

RESIDENTIAL RENTAL DWELLING

A. Name of Apa	rtments/Rental Property					
(IF YOU DO	OU DO NOT HAVE A NAME –LEAVE BLANK) Has the business name been registered with the State of Utah, Department of Commerce? \square Yes \square NO					
Residential	esidential Rental Dwelling is for a period of one month or longer.					
Rental Dwelling	g Address					
			cupied): Total rental units at this location:			
Where do you v	want the yearly renewal notice mails			(7)		
n o 11 T		(Street Number)	(City)	(State)	HG	(zip)
	rpe: Corporation	☐ Partnership	•	1 ()	LLC	
If Corporation of	or LLC, list Corp. /LLC name	(Attach a copy of Certificate	Federal Tax Number:			
C. Property Own	er Information: Primary C	Contact	ntact (A	ATTACH A COPY (OF DRIVERS L	ICENSE OR ID CARD)
Name			Home Phone			
Email Address:	ddress: Drivers License/ID Card Number:					State
Mailing Addres	SS					
Hama Addraga	(Street Number)	(Cit	y)	(St	ate)	(Zip)
Home Address	(Street Number)	(Cit	ry)	(St	ate)	(Zip)
If you are an ou	ut-of-state owner, you are required to	o appoint an in-state agent by S	Special Power of Attor	rney (attached). 🗆 In S	State Owner	Out of State Owner
OTHER OWNI	ED RENTAL PROPERTIES IN SA	LT LAKE CITY. Please subm	it a separate application	on for each rental prope	erty owned. If you	already have a business
license on a pro	perty owned, please identify by lice	ense number(s):				<u> </u>
D. Manager/Agei	nt Information: Primary Co	ontact Secondary Cont	act			
		-		Ph	one	
_			Drivers License/ID Card Number:			
	SS					
Home Address	(Street Number)	(Cit	ty)	(St	ate)	(Zip)
	(Street Number)	(Cit	ty)	(St	ate)	(Zip)
E. Landlord/Tena	ant Initiative Program:					
Do you wish to	be a participant in the Landlord/Tes	nant Initiative? \square Yes \square No	(See participation inf	formation sheet for deta	ils).	
If yes: \square Salt I	Lake City Management Agreement	Attached. Landlord Training	ng within 6 months	☐ Self Inspection Att	ached (this form	is required with application)
The actual license wi Lake City shall not be	cation for a residential rental proper Il be issued only when all inspection e held responsible for delays in pro- al approval. <u>To open and/or opera</u>	ns are completed and signed of cessing an incomplete applicati	f by the various City on, or for property im	departments and approvements and other be	val is given by the business expendit	Business License Office. Salt ares occurring before the licens
I,	hereb	y agree to conduct said busir	ness strictly in accord	dance with all Salt La	ke City codes	
falsify any information	ness, and swear under penalty of la on of this application is grounds for are on this application constitutes wa	denial and/or revocation of thi	s license and other pe	nalties as provided by	law. I/we also	
	Authorized Signature (PRO	PERTY OWNER)	Date			
City ID Number:		Accepted by	Г	Date		
License Fees:		Code:	<u>A</u>	mount:		
Base Fee		120601	\$ <u></u>			
Rental Dwelling @) \$ ea X Uni	ts 120444	\$ <u></u>			
Employees @ \$	ea X (Full/Part T	-	\$_			Keep This Box Clear
		Te	otal:			Treep This Box Clear