

**SALT LAKE CITY CORPORATION APPLICATION FOR NEW BUSINESS AND REGULATORY LICENSE**

451 South State Street #225 / PO Box 145458, Salt Lake City, UT 84114-5458, Phone (801) 535-6644, business.license@slcgov.com

**ALL FEES ARE NON-REFUNDABLE**

**(Applications must be submitted no more than 30 days prior to your anticipated opening)**

**-ALL information must be completed-**

Previous ID:

**A. Name of Business (dba)** \_\_\_\_\_

Has this name been registered with the State of Utah, Commerce Department?  Yes  No    Type of license:  Commercial  Home-Based

Ownership Type:     Corporation                       Partnership                       Sole Proprietorship                       LLC

If Corporation or LLC, list Corp. /LLC name \_\_\_\_\_  
*(You must attach a copy of Certificate of Incorporation/LLC)*

**B. Business Location:** \_\_\_\_\_  
(Street Number)    (Suite or Space #)    (City)    (State)                      (Zip)

Business Phone \_\_\_\_\_ Fax Number \_\_\_\_\_ Business Email \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_  
(Street Number)    (City)    (State)                      (Zip)

**Please Note: The information provided above is considered public information and will be made available for public review.**

**C. Primary Contact:** (Local): \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*The primary contact will be the person contacted to arrange your city inspections. City inspections must be approved before a business license will be issued. This will also be the person contacted in the event of an emergency and Fire or Police need access to the location.*

**D. Information on:**  **President**     **General Partner**     **Sole Proprietor**     **Officer**     **Other** \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

*(You must attach a copy of Government Issued ID)*

Home Address \_\_\_\_\_  
(Street Number)    (City)    (State)                      (Zip)

**E. Information on:**  **Vice President**     **Partner**     **Member**     **Local Manager**     **Rep**     **Other** \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

*(You must attach a copy of Government Issued ID)*

Home Address \_\_\_\_\_  
(Street Number)    (City)    (State)                      (Zip)

**F. Business Operation:** (Give a DETAILED explanation of ALL business activities): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you intend to use, store or dispense hazardous material in this facility?**  Yes  No

**To access the online Hazardous Materials permit application go to <https://slc.gov/fire/>**

G. Anticipated Business Start Date: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
(Applications are accepted 30 days prior to opening)

F. Federal Tax Number: \_\_\_\_\_ State Sales Tax Number: \_\_\_\_\_

This form is an application for a business license. The receipt for payment of license fees thereof does not constitute being approved to operate a business. The actual license will be issued only when all inspections are completed and signed off by the various City departments and approval is given by the Business License Office. Salt Lake City shall not be held responsible for delays in processing an incomplete application, or for property improvements and other business expenditures occurring before the license applicant receives final approval. To open and/or operate a business without final approval is a Class "B" misdemeanor and is subject to a \$1,000 fine and/or six-month sentence.

I, \_\_\_\_\_ hereby agree to conduct said business strictly in accordance with all Salt Lake City codes governing such business, and swear under penalty of law that the information contained herein is true and correct. I/we also understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. I/we also agree that the signature on this application constitutes waiver of confidentiality as it pertains to a background investigation, if deemed necessary.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**\*\*BUSINESS LICENSE USE ONLY\*\***

City ID Number:

Accepted by \_\_\_\_\_ Date \_\_\_\_\_

**License Type:** (Commercial **OR** Home Based)      **Amount:**

Commercial Location      \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_

Home Occupation      \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_

Employees @ \$ \_\_\_\_\_ ea X \_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_

Freight Parking @ \$ \_\_\_\_\_ ea X \_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_

Disproportionate Fee:  
\_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_

Other applicable fees:  
\_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_ \$ \_\_\_\_\_

**Total Due:**

Keep this Box Clear

LICENSE # \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

24 Hours emergency contact information is required for all commercial businesses. This information is not available to the public and is used only for Police or Fire in the event of an emergency at the business location.

---

\_\_\_\_\_  
(Business Name)

24 Hour Emergency Contact Name:

Phone 1:

Phone 2:

\*It is the business's responsibility to update emergency contact information as needed.

**Salt Lake City Business License  
Pre-Application Qualifier**  
**To save money answer these questions!**  
(please answer all questions)

- Business Address: \_\_\_\_\_  
(exact street address including suite or space number)
- Business Name: \_\_\_\_\_  
(how you will answer the phone)

~~~~~

1. Will your business take longer than 30 days to open?  
 No                       YES **-see 1A below**
2. Will your business be located in a building or a space newly built for you?  
 No                       YES **-see 2A below**
3. Will your business differ from the business previously located in the building?  
 No                       YES **-see 3A below**  
 (If you are unsure please ask the clerk for a list of prior businesses)
4. Will you or anyone be making any changes to your location (office, building, suite, etc) other than new paint or carpet?  
 No                       YES **-see 4A below**
5. Have you or anyone made changes to your location (office, building, suite, etc) other than new paint or carpet?  
 No                       YES **-see 5A below**
6. Will your business be a temporary or seasonal business?  
 No                       YES **-see 6A below**

|                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICIAL USE<br/>ZONING-<br/>Change of Use?</b><br>Yes ___ No ___<br><br><b>Need site plan?</b><br>Yes ___ No ___<br><br><b>Have site plan?</b><br>Yes ___ No ___<br><br><b>Initial</b> _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>OFFICIAL USE<br/>BUILDING<br/>Change of Use?</b><br>Yes ___ No ___<br><br><b>Need site plan?</b><br>Yes ___ No ___<br><br><b>Have site plan?</b><br>Yes ___ No ___<br><br><b>Initial</b> _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- ~~~~~
- 1A - Please wait to apply for your business license until 30 days prior to opening for business. More than 30 days may require additional **re-inspection fees**.
  - 2A - In addition to business license approvals, you may need a "Certificate of Occupancy" before you open your business.
  - 3A - Building and Zoning requirements may differ. Please contact the Building and Zoning Department at 451 South State Street in Room 215 to see what changes need to be made before proceeding with your Business License Application.
  - 4A - Building, electrical, plumbing, furnace and air conditioning replacement or new installations require separate permits. Contact the Building Department at 451 South State Street in Room 215. Please obtain or make sure that all permits required are applied for before applying for a Business License.
  - 5A - Make sure that all construction permits are taken out for each trade (see 4A).
  - 6A - Temporary and seasonal businesses (i.e. Christmas tree lots, firework stands, circus, fruit stand, taco cart, etc.) requires a "Temporary Use Permit" issued by the Building Department at 451 South State Street in Room 215. The Permit # and an approved site plan must be obtained before applying for a business license.

**Please sign below. Signature indicates that you have read this form.**

\_\_\_\_\_ Date

\_\_\_\_\_ Business Owner or Agent

**Please email or call our office  
and speak with our staff  
prior to submitting your  
application. This will insure  
that your application is  
complete and minimize any  
possible delays in the issuance  
of your license and the  
opening of your business.**

**(801) 535-6644**

**Monday, Tuesday, Thursday, Friday**

**8:00 AM to 5:00 PM**

**Wednesday 9:00 AM to 5:00 PM**

**[business.license@slcgov.com](mailto:business.license@slcgov.com)**



Thank you for choosing Salt Lake City as a place to do business.

All commercial business license applications are required to have city inspections passed prior to a license being issued. These inspections will be assigned at time of application. Please review the following inspection instructions closely.

The following inspection departments ***will contact you within ten (10) working days***. If you have not been contacted ***after 10*** days, please call the inspection department directly to schedule your inspection.

- |    |                     |                        |               |
|----|---------------------|------------------------|---------------|
| 1. | Building Department |                        | (801)535-7224 |
| 2. | Fire Department     | New Business & Alcohol | (801)799-4103 |
|    |                     | Food Truck             | (801)799-4164 |
|    |                     | Vending Cart           | (801)799-4103 |

**\*IMPORTANT:** A Fire Pre-Inspection Worksheet will be provided at time of application. You ***must*** have this worksheet completed and available for your Fire Inspector at time of inspection. *The Fire Department Pre-Inspection check list, along with other business license forms, can also be downloaded at:*

<http://www.slcgov.com/business-licensing/forms>

- |    |                                                 |                           |                |
|----|-------------------------------------------------|---------------------------|----------------|
| 3  | Zoning Department                               |                           | (801) 535-7700 |
|    | * No contact required. Call for questions only. |                           |                |
| 4. | Health Department                               | Non-Food Related          | (385) 468-3835 |
|    |                                                 | Bureau of Food Protection | (385) 468-3845 |
|    |                                                 | Department of Agriculture | (801) 538-7144 |

Contact the Health Department to arrange for your health inspection any time after making your application.

**Freight Parking Permit:** Vehicle inspections for Freight Parking permits are conducted at the Compliance Division. Call (801) 535-6584 to schedule an appointment.

**Transportation Businesses:** In addition to your business license, you must also be registered with the Department of Ground Transportation (801) 908-7204.

You can check inspection progress at: [www.slcgov.com](http://www.slcgov.com) (In the lower left corner under "My Quick Links" you will see a link for the "Citizen Access Portal"). On the portal select "**Check/Renew Licenses**". Input your entire application number and click Search.

*\*For questions, please call our office at (801) 535-6644 or email: [business.license@slcgov.com](mailto:business.license@slcgov.com)*

Updated 1/20/2021

## SALT LAKE CITY BUSINESS LICENSING – SELF INSPECTION WORKSHEET

Date: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Owner Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**IN ORDER TO COMPLY WITH SALT LAKE CITY ADOPTED ORDINANCES AND CODES, PLEASE FOLLOW DIRECTIONS 1-22 BELOW:**

1. Owner, manager, or other responsible party shall conduct the inspection and sign the form.
2. Print the business name, address, license number and owner information at the top of the form.
3. **Walk through the business with this form, and answer all questions listed below.**
4. When the inspection is complete and all questions answered "NO" have been corrected, read, sign, and date the declaration at the bottom of this form, make a copy for your files, and provide the original with your business license application.
5. You have 30 days to conduct the inspection, correct any deficiencies, and complete and return the form.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|--|--|--|-------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--|--|--|------------------------------|--|--|
| <p>1. Is your address visible on the outside of the building with contrasting background and numbers at least 5 inches in height?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                                       | YES | NO  | N/A |  |  |  | <i>If NO, date corrected</i>  |  |  | <p>9. Are gas shut off valves clear of weeds, trash, storage, etc., and are they visible and accessible?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                                                                                     | YES | NO | N/A |  |  |  | <i>If NO, date corrected</i> |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <p>2. Is drive or alley around the building kept free from weeds, debris, or obstruction?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                                                                               | YES | NO  | N/A |  |  |  | <i>If NO, date corrected</i>  |  |  | <p>10. Is your heating/air conditioning unit cleaned and/new filters installed on a regular basis?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                                                                                           | YES | NO | N/A |  |  |  | <i>If NO, date corrected</i> |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <p>3. Are all exit aisles, hallways, doorways, stairways, landings, and walkways clear of any obstructions?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                                                             | YES | NO  | N/A |  |  |  | <i>If NO, date corrected</i>  |  |  | <p>11. Are equipment/mechanical rooms free of combustibile storage?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                                                                                                                          | YES | NO | N/A |  |  |  | <i>If NO, date corrected</i> |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <p>4. Are all electrical breaker panels accessible and labeled to show which area is affected by each circuit breaker? (36" Clear space)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                                | YES | NO  | N/A |  |  |  | <i>If NO, date corrected</i>  |  |  | <p>12. Are piles of paper, trash, etc., in and around your building, picked up and disposed of regularly?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                                                                                    | YES | NO | N/A |  |  |  | <i>If NO, date corrected</i> |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <p>5. Are circuit breakers clear of any tape, string or wire that would affect their operation?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                                                                         | YES | NO  | N/A |  |  |  | <i>If NO, date corrected</i>  |  |  | <p>13. Do you have a fire extinguisher in your business? The minimum required is a 2A10BC (refer to label on extinguisher).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                                                                  | YES | NO | N/A |  |  |  | <i>If NO, date corrected</i> |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <p>6. Is the cover on the electrical panel and face plates installed on all electrical outlets and switches?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                                                            | YES | NO  | N/A |  |  |  | <i>If NO, date corrected</i>  |  |  | <p>14. Have all fire extinguishers been inspected, tagged and serviced within the last year by a fire extinguisher company licensed by the State Fire Marshal?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                               | YES | NO | N/A |  |  |  | <i>If NO, date corrected</i> |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <p>7. Are extension cords being used for more than portable appliances? Do they run through walls, ceilings, floors, under doors or floor coverings? Are they affixed to the building?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If YES, date corrected</i></td> </tr> </table> | YES | NO  | N/A |  |  |  | <i>If YES, date corrected</i> |  |  | <p>15. Is a fire extinguisher mounted or secured on a wall (preferably near an exit) so that the top of the extinguisher is not more than 5 ft. above the floor?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                             | YES | NO | N/A |  |  |  | <i>If NO, date corrected</i> |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If YES, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <p>8. Is electrical in good condition? Inspect electrical wiring for fraying, wear and/or splices.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table>                                                                                      | YES | NO  | N/A |  |  |  | <i>If NO, date corrected</i>  |  |  | <p>16. Are all fire extinguishers visible and readily accessible for use (not blocked by storage, etc.)?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">YES</td> <td style="width: 33%; text-align: center;">NO</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;"><i>If NO, date corrected</i></td> </tr> </table> <p style="text-align: center;"><u>No more than 75 feet of travel from anywhere in Business.</u></p> | YES | NO | N/A |  |  |  | <i>If NO, date corrected</i> |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO  | N/A |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |
| <i>If NO, date corrected</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |     |     |  |  |  |                               |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |    |     |  |  |  |                              |  |  |

(over)

|                                                                                                                         |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----|-----|
| 17. Has your kitchen hood system been serviced in the last 6 months?                                                    | YES                                 | NO | N/A | 18. Do you store or use compressed oxygen or acetylene, or greater than 5 gallons of flammable liquids, or greater than 25 gallons of combustible materials?                                         | YES                                                                               | NO | N/A |
|                                                                                                                         |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
|                                                                                                                         | <i>If NO, date corrected</i>        |    |     |                                                                                                                                                                                                      | <i>If YES, please go to <a href="http://SLCFire.com">SLCFire.com</a> to apply</i> |    |     |
| <b><i>If you have any questions regarding items 1-18 above, please call SLC Fire Prevention at 801-799-4164.</i></b>    |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
| 19. Is all construction and remodeling at the business complete and approved by the SLC Building Division?              | YES                                 | NO | N/A | 21. Does the main entry door to the business have a keyed deadbolt on the interior side of the door with signage attached that reads: " <b>This door to remain unlocked during business hours</b> "? | YES                                                                               | NO | N/A |
|                                                                                                                         |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
|                                                                                                                         | <i>If NO, obtain proper permits</i> |    |     |                                                                                                                                                                                                      | <i>If NO, date corrected</i>                                                      |    |     |
| 20. Are exit(s) clearly marked with lighted exit signs?                                                                 | YES                                 | NO | N/A | 22. Are handrails installed on all stairways? Are the handrails all in good repair?                                                                                                                  | YES                                                                               | NO | N/A |
|                                                                                                                         |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
|                                                                                                                         | <i>If NO, date corrected</i>        |    |     |                                                                                                                                                                                                      | <i>If NO, date corrected</i>                                                      |    |     |
| <b><i>If you have any questions regarding items 19-22 above, please call Building Inspections at 801-535-7224</i></b>   |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
| 23. Are the landscaped areas of the business maintained in a healthy appearance?                                        | YES                                 | NO | N/A | 30. Are parking areas designated for persons with disabilities maintained and clearly marked?                                                                                                        | YES                                                                               | NO | N/A |
|                                                                                                                         |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
|                                                                                                                         | <i>If NO, date corrected</i>        |    |     |                                                                                                                                                                                                      | <i>If NO, date corrected</i>                                                      |    |     |
| 24. Are the abutting landscaped parkways maintained safe and free from trash?                                           | YES                                 | NO | N/A | 31. Are refuse disposals dumpsters located so as to not obstruct areas designed for parking and maneuvering?                                                                                         | YES                                                                               | NO | N/A |
|                                                                                                                         |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
|                                                                                                                         | <i>If NO, date corrected</i>        |    |     |                                                                                                                                                                                                      | <i>If NO, date corrected</i>                                                      |    |     |
| 25. Are all areas of the property maintained free from junk and debris?                                                 | YES                                 | NO | N/A | 32. Do you intend to have outdoor storage? (Outdoor storage shall be screened by a solid wall or fence not less than 7 feet in height)                                                               | YES                                                                               | NO | N/A |
|                                                                                                                         |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
|                                                                                                                         | <i>If NO, date corrected</i>        |    |     |                                                                                                                                                                                                      | <i>If NO, date corrected</i>                                                      |    |     |
| 26. Are hard surface parking areas maintained in good condition and free from hazards?                                  | YES                                 | NO | N/A | 33. Is required fencing maintained in good repair?                                                                                                                                                   | YES                                                                               | NO | N/A |
|                                                                                                                         |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
|                                                                                                                         | <i>If NO, date corrected</i>        |    |     |                                                                                                                                                                                                      | <i>If NO, date corrected</i>                                                      |    |     |
| 27. Are areas used for parking and maneuvering hard surfaced?                                                           | YES                                 | NO | N/A | 34. Are all exterior signs installed and sign permits complete and closed? If NO, obtain sign permits for new or altered signs.                                                                      | YES                                                                               | NO | N/A |
|                                                                                                                         |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
|                                                                                                                         | <i>If NO, date corrected</i>        |    |     |                                                                                                                                                                                                      | <i>If NO, date corrected</i>                                                      |    |     |
| 28. Is parking lot lighting maintained? (parking lot illumination may not shine into adjoining property or into street) | YES                                 | NO | N/A | 35. I agree to obtain a Sign Permit for any alteration or construction of signs. (sign permits only issued to licensed contractors)                                                                  | YES                                                                               | NO | N/A |
|                                                                                                                         |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
|                                                                                                                         | <i>If NO, date corrected</i>        |    |     |                                                                                                                                                                                                      | <i>If NO, date corrected</i>                                                      |    |     |
| 29. Are parking spaces clearly marked with paint?                                                                       | YES                                 | NO | N/A |                                                                                                                                                                                                      |                                                                                   |    |     |
|                                                                                                                         |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
|                                                                                                                         | <i>If NO, date corrected</i>        |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |
| <b><i>If you have any questions regarding items 23-35 above, please call SLC Zoning Enforcement at 801-535-7149</i></b> |                                     |    |     |                                                                                                                                                                                                      |                                                                                   |    |     |

**ANY PERSON WHO WILLFULLY STATES AS TRUE ANY MATERIAL HEREIN WHICH HE/SHE KNOWS TO BE FALSE MAY BE GUILTY OF PERJURY. I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.**