



## MURRAY CITY COMMERCIAL BUSINESS LICENSE GENERAL INFORMATION

Thank you for your interest in a Murray City Business License. We welcome you and sincerely hope your business enterprise will be successful. Please read through the information in this packet, as it contains information to help you successfully submit a business license application.

- Applications must be **fully completed and submitted with supporting documentation**. Incomplete applications, or applications with missing documentation may be returned.
- Murray City requires that a valid business license be held by anyone conducting business within Murray City. "Business" means and includes every craft, trade, occupation, profession, or activity pursued for gain or profit excluding; services rendered by an employee to an employer. A person conducting business in the city without first obtaining a business license or a person operating a business that has been closed for nonrenewal shall be assessed a penalty. See fee information page.
- Non-profit, charitable, insurance agencies and real estate agents are also required to obtain a business license although they may be exempt from license fees.
- A business address is the physical location where such business is to be conducted. A PO Box or mailbox service locations are not valid business addresses. Each business location, suite or unit will need a separate license.
- Licenses are not transferable. Any change of location, ownership, entity, or corporate information requires a new application to be submitted with payment. Minor changes such as a mailing address may be submitted in writing without application.
- Prior to applying for a business license, contact the City Planning and Zoning Division at 801-270-2420 to verify that your business meets zoning ordinances.
- Business license processing time varies due to circumstances where a Conditional Use, Health Department approval, etc. is needed. Murray City does not offer interim licensing. Please be aware that you must have your business license issued prior to opening/operating. Applications will be accepted no more than three weeks out from your projected opening date.
- Renewal notices are mailed out on the first of the month in which the license expires. To avoid penalty fees, the renewal form and payment must be received in our office prior to the expiration date. We do not accept post marks as timely receipts and cannot be responsible for lost or misdirected mail. Responsibility of renewal is total responsibility of the licensee. Failure to receive notices does not excuse this responsibility.
- Murray City requires that a written notice be submitted if a business has moved out of the city or is no longer conducting business.



## MURRAY CITY COMMERCIAL BUSINESS LICENSE APPLICATION INFORMATION

- *Most State and local requirements must be met before submitting your application.*
- Applications must be fully completed and submitted with supporting documentation. Incomplete applications, or applications with missing documentation may be returned.
- Documentation should be provided if applicable to your application. (This list is not all inclusive).
  - Employer Identification Number (EIN)
  - Sales tax account, designating Murray City as an active outlet
  - Utah Department of Commerce business name and DBA name registrations
  - Professional licenses from DOPL or other
  - State or Federal licenses/permits or certificates required for your business type
  - Background checks and Personal Data Sheets (If applicable.)
  - Any other document that may support the business function.
- Once an application is submitted, approvals and/or inspections are required by Murray City Fire Department, Murray City Zoning Department and Murray City Code Enforcement, Etc. Some businesses may also need to complete inspections by the Salt Lake County Health Department or other applicable agencies. When all applicable internal and external approvals have been verified, a business license will be issued.

### Investigations:

An original copy of a *Criminal History Report* and personal data sheet is required for each owner, officer, and LLC Manager for the following list of business classifications.

- Pawnbrokers, secondhand dealers, swap meets, flea markets
- Private investigators and detectives
- Gun Shops
- Businesses conducting any alcohol product sales.
- Sexually oriented businesses
- Coin dealers
- Massage establishments (including owner, operator, manager, managing employee or any other employee who is not, and who is not required to be, licensed by the state division of occupational and professional licensing as a massage therapist or apprentice).
- Arcades
- Establishments which restrict admittance based solely on age
- Preschools, daycares, or other childcare businesses
- Ice cream vendors
- Reiki massage establishments
- Swimming lessons
- Any other business or activity identified under State law as requiring investigations; and
- Any other business where an individual has direct access to children or vulnerable adults.



## MURRAY CITY COMMERCIAL BUSINESS LICENSE Fee Schedule

- Fees for licenses vary according to number of employees, vehicles, and classifications. Please refer to the fee schedule page for details. Fees are due at the time of applying. The base license fee is non-refundable should a license not be approved. Fees are also required for change of address and are not prorated
- Fees are due with submittal of an application when the application is deemed complete.
- Base License Fees: Commercial businesses, are subject to a base license fee of one hundred dollars (\$100.00) plus six dollars (\$6.00) per employee and ten dollars (\$10.00) for each vehicle used in conjunction with your business.

The following regulatory fees are assessed in addition to the base business license fees.

Alcohol - Off Premise Beer Retailer	\$200.00	Day Care – Commercial	\$150.00
Alcohol – On Premise Restaurant, Private Club, Tavern Beer	\$500.00	Day Care – Home Occupation Inspection only for non-licensed or exempted	\$175.00 \$ 50.00
Alcohol – Special Event Alcohol/Beer	\$100.00	Tobacco Retailer	\$200.00
Auto Body Repair and/or Paint Hazardous Mat.	\$350.00	Mobile Painting Hazardous Material	\$350.00
Beauty Salon, Barber Shop, Personal Care	\$100.00	Spa/Massage	\$100.00
Convalescent Home, Group Homes, Rehabilitation Facility	\$250.00	Hazardous Materials, Hazardous Materials Hospital	\$350.00
Gasoline/Propane Dispensing Hazardous Mat.	\$350.00	Auto Towing/Wrecking	\$150.00
Hotel/Motel	\$250.00	Tattoo Parlor	\$250.00
Pawn Broker	\$200.00	Secondhand Dealer	\$100.00
Storage Unit Facility	\$150.00	Amusement Device	\$150.00
Sexually Oriented Business	\$500.00	Fireworks Indoor/Outdoor, Christmas Tree Sales	\$160.00

This listing may not be all inclusive. Fees for additional inspections, investigations, etc., may not be listed.

- Per City code 5.04.260: Penalty fees for failure to obtain a or renew a business license: A person conducting business in the City without first obtaining a business license or a person operating a business that has been closed for nonrenewal shall be assessed a one hundred percent (100%) penalty on past due fees including any regulatory fees, subject to the thirty (30) day grace period for new business license applications outlined under section 5.04.120 of this chapter. If the business or entity violating this section is exempt or otherwise not required to pay license or regulatory fees, a penalty shall be assessed in the amount of the greater of one hundred dollars (\$100.00), or one hundred percent (100%) of the amount of what the licensing and regulatory fees would have been were the business not exempt from such fees.



## MURRAY CITY COMMERCIAL BUSINESS LICENSE CONTACT LIST

Please contact the agencies below for help in deciding which items apply to your specific business type as some or none may apply.

### **STATE TAX INFORMATION**

For information related to state retail sales taxes.

210 N. 1950 W., Salt Lake City, Utah 84134  
Phone: 801-297-2200

### **EIN - FEDERAL EMPLOYER'S TAX ID NUMBER**

Contact the IRS for information related to income, self-employment, and other federal taxes. Sole proprietors with no employees may use their social security number in lieu of an EIN.

50 S. 200 E., Salt Lake City, Utah 84111  
Phone: 800-829-1040

### **REGISTRATION OF A BUSINESS OR DBA NAME / CORPORATIONS**

Corporations, LLCs, etc. in Utah under an assumed business name must register with the Utah Department of Commerce. (Exceptions: federally chartered banks, and insurance agents)

160 E. 300 S. Salt Lake City, Utah 84111  
Phone: 801-530-4849

### **DOPL - DEPARTMENT OF PROFESSIONAL LICENSING**

In addition to a business license, certain occupations require a professional license.

160 E. 300 S., Salt Lake City, Utah 84111  
Phone: 801-530-6628

### **MOTOR VEHICLE ENFORCEMENT - MVED**

Auto dealers, auto body work, towing, contact the Utah State Division of Motor Vehicle Enforcement.

210 N. 1950 W., Salt Lake City, Utah 84134  
Phone: 801-297-2600

### **SALT LAKE COUNTY HEALTH DEPARTMENT**

Establishments such as cosmetology, day cares, massage, tanning, tattooing, hotels/motels, restaurants, food trucks and business ownership and address changes require a new permit.

788 E. Wood Oak Lane, Murray Utah 84107  
Food Protection: 385-468-3845 (Restaurants, Bars, Food Services)  
All Other Departments: 385-468-3835 (Salons, tattoo, massage, etc.)

### **UTAH DEPARTMENT OF AGRICULTURE**

Prepackaged food, cottage food, Nursery, Supplements Applicators, etc.: 801-982-2200

### **BCI – BUREAU OF CRIMINAL INVESTIGATIONS**

Criminal History Record

4315 S 2700 W Suite 1300, Taylorsville, Utah  
Phone: 801-965-4445



MURRAY CITY CORPORATION

COMMUNITY &amp; ECONOMIC DEVELOPMENT

10 East 4800 South, Suite 260 Murray, Utah 84107  
blicenses@murray.utah.gov (801) 270-2425 New Account  New Address New Owner  Update Only

Business ID#

## COMMERCIAL BUSINESS LICENSE APPLICATION

Do you currently have a Murray City business license for this business?

Yes  No 

Is your supporting documentation for this application attached/included?

Yes  No **\*\* Applications missing documentation or incomplete will be returned. \*\***

Federal ID # (FEIN or SSN) \_\_\_\_\_

Utah Sales Tax # \_\_\_\_\_

Professional License # &amp; Type (if applicable) \_\_\_\_\_

Are you currently operating at this location? Yes  No  What is/was your anticipated opening date? \_\_\_\_\_Business Registration type: Corporation  LLC  Partnership  Sole Proprietor 

Business Name (registered only) \_\_\_\_\_

DBA Name (registered only) \_\_\_\_\_

Business Address \_\_\_\_\_ Unit \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing address \_\_\_\_\_ Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Local Business Phone \_\_\_\_\_ Local Business Email \_\_\_\_\_

Business Licensing Contact Phone \_\_\_\_\_ Name \_\_\_\_\_ Email \_\_\_\_\_

Detailed Description of Business \_\_\_\_\_

**Information in this section is required. Provide business owner's personal information below. Add additional owners on page 6.****Corporate entities use corporation name, address, and phone number below. Add corporate officers on page 6.**

Owner's Name or Corporate Name \_\_\_\_\_

Home Address \_\_\_\_\_ Unit \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Base Fee: \$ 100

Regulatory Fees: \_\_\_\_\_ \$ \_\_\_\_\_

Type: \_\_\_\_\_ \$ \_\_\_\_\_

Type: \_\_\_\_\_ \$ \_\_\_\_\_

Type: \_\_\_\_\_ \$ \_\_\_\_\_

Number of Employees: \_\_\_\_\_ @ \$6.00 per employee \$ \_\_\_\_\_

Number of Vehicles: \_\_\_\_\_ @ \$10.00 per vehicle \$ \_\_\_\_\_

Income Rental Units: \_\_\_\_\_ \$ \_\_\_\_\_

Residential \_\_\_\_\_ @ \$6.00 per unit \$ \_\_\_\_\_

Commercial \_\_\_\_\_ @ \$2.00 per unit \$ \_\_\_\_\_

Fees Subt: \$ \_\_\_\_\_

Operating without a license penalty is equal to the fee subtotal (Murray Code 5.04.260) \_\_\_\_\_

\*\*Fees are non-refundable should license not be approved \_\_\_\_\_

Penalty Fee: \$ \_\_\_\_\_

Total Amount Due \$ \_\_\_\_\_

I am aware that this application does not authorize conducting business until approved by Murray City Corporation and a business license has been issued. By signing below, I swear that the foregoing information is true and correct and is in accordance with Murray City Ordinances. Responsibility of changes and renewal is total responsibility of licensee. Failure to receive notices does not excuse this responsibility. License will be valid only for the licensee, business entity, business name, address & activity as listed above.

Owner or Officer Signature Required (registered only)

Title

Date



**MURRAY CITY CORPORATION**  
COMMUNITY & ECONOMIC DEVELOPMENT

10 East 4800 South Suite 260 Murray, Utah 84107  
blicenses@murray.utah.gov (801) 270-2425

**MURRAY CITY BUSINESS LICENSE**  
**OWNERS, OFFICERS AND MEMBERS LIST**

Please supply us with the following information for all *registered* owners, officers, and LLC members.  
(Duplication of information listed on the application page is not needed on this form).

**Submittal of separate lists in lieu of completing this form,  
may result in return of your application.**

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

Name:	Title			
Home Address:	Unit #	City:	State:	Zip Code:
Phone:				
Birth Date:	Driver's License No.			State:
Name:	Title			
Home Address:	Unit #	City:	State:	Zip Code:
Phone:				
Birth Date:	Driver's License No.			State:
Name:	Title			
Home Address:	Unit #	City:	State:	Zip Code:
Phone:				
Birth Date:	Driver's License No.			State:
Name:	Title			
Home Address:	Unit #	City:	State:	Zip Code:
Phone:				
Birth Date:	Driver's License No.			State:



**MURRAY CITY FIRE DEPARTMENT**  
**BUSINESS INSPECTION INFORMATION LETTER**  
**ACCORDING TO THE INTERNATIONAL FIRE CODE**

Welcome, new business owner, to the City of Murray. To assist your start-up and help things run a little smoother, here are a few things you can do.

If you are a home business doing telephone, computer or office-related work, or a kiosk, Murray City Fire does not require an inspection. **All other businesses** require a physical inspection of the business **once your business is fully moved in and set to open**. If you are not sure about the requirements for your business, please contact our office for clarification. The back of this form is the basic areas we look for. In the future you'll be required to complete an annual self-inspection prior to renewing your license.

**\*If your business is under construction or your anticipated start-up date is 10 days or more from the time you submit your business license application, please inform the Business Licensing office and indicate the date you would like to open on your application.**

Please be aware that a business license cannot be issued without necessary approvals and inspections being completed.

**Remember!**

**You must submit your business license application to the Business Licensing office before an inspection can be set up. Our Fire Inspectors will call you 24 to 48 hours after receiving your application to set up an inspection time. If you don't hear from us within the 72 hours, please call the numbers below and we must be unable to contact you through our information on file.**

**Thank you,**

**Fire Marshal's Office**

**For more Inspection information or questions call:**

Scott White, Deputy Fire Marshal	Office, (801) 264-2791, Mobile, (801) 550-6550	Inspections West of State Street
George Zboril, Deputy Fire Marshal	Office, (801) 264-2773, Mobile, (801) 856-2616	Inspections East of State Street
Jeff Puls, Fire Marshal	Office, (801) 264-2776, Mobile, (385) 315-0850	
Main Fire Department Office, (801) 264-2780		

Business Name: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Contact Email: \_\_\_\_\_

Date: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

This next portion will not be posted or tracked by anyone but Murray City Emergency Responders. This is needed for Murray Fire department to contact to your business in the event of an emergency and your business is closed. Example: if you have a fire alarm or suspicion of a fire at 2am what are the 2 best contacts for key holders or access to prevent unneeded damage on false alarms.

Name: \_\_\_\_\_ Contact 24-hour number: \_\_\_\_\_ Response time: \_\_\_\_\_

Name: \_\_\_\_\_ Contact 24-hour number: \_\_\_\_\_ Response time: \_\_\_\_\_

To comply with Murray City adopted building and fire code please answer the following questions to the best of your ability. These codes will assist your business in being safer and prevent unneeded accidents when followed.

Instructions:

1. Owner, manager, or other facility manager shall conduct this inspection form and return it to Murray City with your business license renewal each year.
2. Walk through your business and answer all questions below. If there is a simple solution, please correct it. If extra help is needed, please contact the necessary help to safely correct your violation.
3. When your inspection form is complete, and all questions are answered please sign and return this form with your business license application. For any questions, please contact Fire Marshal at 801-264-2775

1. Is your address visible on the outside of your building from the street? Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
2. Is your outside electrical panel and gas meter clear of debris and accessible? Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
3. Are exits clearly visible, marked, and not blocked from any obstructions? All pathways, halls, doors and other areas that lead to exiting a structure shall be kept clear and free of material. Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
4. Fire Extinguisher (2A10BC rating) every 75 ft of travel, visible, and serviced within the last year? Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
5. Are all electrical outlets properly protected with face plates and needed protection measures? Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
6. Is your business free from any extension cords being used as permanent power? Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
7. In the electrical panel are circuit breakers are clear from any tape and all empty spaces are filled with spacers or not punched out? Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8. Flammable liquids, oily rags and other fire hazards are properly secured and protected in UL rated flammable containers? Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
9. Is your business clean and free from piles of debris, garbage, or other hazardous items? Notes:	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
10. Would you like a fire department representative to come to your business to answer any questions? Murray Fire will conduct random inspections throughout the year, this form is to increase our business education, safety and fire prevention.	<input type="checkbox"/> Yes	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

Name of the person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_



## MURRAY CITY BUSINESS LICENSE POLICE RESPONSIBLE FORM

The Murray City Police Department continually strives to work effectively with the business community in Murray City. Towards this end, I would encourage you to complete this business responsible form.

The information provided on this form will enable the Police Department to contact you should there be a problem or emergency at your place of business. Valuable time will be saved in locating a responsible party to assist the police in answering questions or having someone respond. Multiple names listed will assist us in making contact should someone not be available.

Your cooperation in completing this form will help us to better serve you and your customers. The Murray City Police Department is committed to working with its citizens and business leaders to make Murray City a better and safer community.

Sincerely,

Craig Burnett,  
Chief of Police

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

Business Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_

### **Responsible Parties**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Alarm Company: \_\_\_\_\_

Type of Alarm (i.e. motion, smoke, intrusion etc.): \_\_\_\_\_



## INDUSTRY DISCHARGE QUESTIONNAIRE

New Business Form  Renewal Form

*Fill out form completely. If a question is not applicable, indicate so on the form. Do not leave blanks.*

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### Section: 1

Name of Business: \_\_\_\_\_

Property Address: ( street, city, zip ) \_\_\_\_\_

Mailing Address: ( street, city, zip ) \_\_\_\_\_

Contact Person: ( Name ) \_\_\_\_\_

Contact Person: ( Title ) \_\_\_\_\_ Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Facility is: Owned:  Leased:  Home Business:  Other: \_\_\_\_\_

Check the boxes which apply to your business or give a brief description below of the business products or services provided:

<input type="checkbox"/> Auto-repair	<input type="checkbox"/> Dental	<input type="checkbox"/> Metal Finishing	<input type="checkbox"/> Screen Printer/ Printing
<input type="checkbox"/> Auto-sales	<input type="checkbox"/> Dry Cleaner	<input type="checkbox"/> Pharmaceutical Mfg.	<input type="checkbox"/> Warehouse / Storage
<input type="checkbox"/> Car Wash	<input type="checkbox"/> Machine Shop	<input type="checkbox"/> Powder Coating	<input type="checkbox"/> Office Only
<input type="checkbox"/> Circuit Board Mfg.	<input type="checkbox"/> Medical	<input type="checkbox"/> Restaurant / Fast Foods	<input type="checkbox"/> Other

Required - Brief Description of business: \_\_\_\_\_

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### Section: 2

Average Number of Employees: Day: \_\_\_\_\_ Afternoon: \_\_\_\_\_ Night: \_\_\_\_\_ Total: \_\_\_\_\_

Wastewater discharge types other than SANITARY WASTEWATER (restrooms). Check all boxes which apply to your business:

<input type="checkbox"/> Non-Contact Cooling Water	<input type="checkbox"/> Equipment Wash Down	<input type="checkbox"/> No Discharge other than Sanitary Wastewater
<input type="checkbox"/> Contact Cooling Water	<input type="checkbox"/> Boiler Blow Down	<input type="checkbox"/> Other Process Wastewater (describe below)

List Other Discharges: \_\_\_\_\_

List Expected Daily Water Use in Gallons Per Day (GPD): \_\_\_\_\_

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### Section: 3

List all Standard Industrial Classification (SIC) codes applicable to your business: \_\_\_\_\_

Are any of your process discharges regulated by Federal Categorical Discharge Standards? Yes  No

If yes, list Standards: Code of Federal Regulations (CFR) \_\_\_\_\_

Will any chemicals be used or stored on site? Yes  No

If yes, list chemicals that will be on site in quantities of 55 gallons or 500 lbs. or more on the back of this form.

Will any hazardous waste be generated at this facility? Yes  No

If yes, list types on the back of this form.

*Any questions please call Central Valley Water Reclamation Facility Industrial Pretreatment Department (801) 973-9100*

I have personally examined and am familiar with the information submitted in this report and any attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

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

## **CHEMICALS USED**

CHEMICAL NAME	AMOUNT STORED	AMOUNT USED

## **HAZARDOUS WASTES**

NAME	EXPECTED MONTHLY GENERATION QUANTITY	DISPOSAL METHOD

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*(FOR CVWRF USE ONLY)*

Business Classification: (\_\_\_\_\_)

Reviewed by: (CVWRF) \_\_\_\_\_ Date: \_\_\_\_\_