



**Business License Application/Renewal Form  
Commercial / Light Industrial**

**All applicants must attend a Planning & Zoning meeting for business license approval according to the Business License Procedures – Commercial / Light Industrial.**

**Business Information:**

Business Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_, Mendon, UT 84325  
Business Phone: \_\_\_\_\_ Website: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Owner Information:**

Owner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Information:** (if different from owner)

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Home Occupation Business:** Commercial  - or - Light Industrial

Briefly describe the business: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please answer the following questions:**

- Y N Will the business have adequate parking per the zoning requirements?
- Y N If yes, is there an area set aside for snow removal and a storage area for trash removal?
- Y N Will the business operate during standard business hours (7:00am – 7:00pm, Monday through Friday)? If not, what hours will the business operate? \_\_\_\_\_
- Y N Will the business have adequate toilet rooms as per IBC?
- Y N Will the business involve any type of commercial deliveries? If yes, about how many per week? \_\_\_\_\_
- Y N Will the business meet or exceed the required energy code for the State of Utah?
- Y N Will the business sell products or services on site that are not produced on the premises?
- Y N If yes, does the business meet all life safety and ADA requirements for the services and products manufactured?
- Y N Do you currently have a business license? If yes, what is the number? \_\_\_\_\_

**New Application:**

I certify this information is correct to the best of my knowledge.

\_\_\_\_\_  
*Business Owner Signature*

\_\_\_\_\_  
*Date*

**Renewal Application:**

I certify this information is correct to the best of my knowledge. I also certify there have been no changes to my business operations within the previous year which would cause my business to be reclassified.

\_\_\_\_\_  
*Business Owner Signature*

\_\_\_\_\_  
*Date*

For office use only

Amount Paid	Date	Business License #
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