

Lic # \_\_\_\_\_



# City of South Jordan Business License Application

SOUTH JORDAN UTAH

Send all completed and properly signed forms (including attachments as necessary) along with applicable licensing fees to:  
South Jordan City, Attn: Business Licensing, 1600 W. Towne Center Drive, South Jordan, UT 84095 Phone: 801-254-3742

Application is for a:  **MOBILE FOOD VENDOR**

**Type of Business:**  Corporation  LLC  Sole Proprietorship  Non-Profit  Partnership  Other

**Reason for Application:**  New Business License  New Business Owner  New Business Name  
 Transfer of Business Location  Temporary Business License

**Legal Name of Business:** \_\_\_\_\_

This is the name that is registered with the State of Utah Department of Commerce. Register the business name with the Department of Commerce by using the **OneStop Online Business Registration** site at [www.business.utah.gov/registration](http://www.business.utah.gov/registration)

**DBA Name** (if applicable): \_\_\_\_\_

**Business Mailing Address:** \_\_\_\_\_

**Business Phone:** (\_\_\_\_) \_\_\_\_\_ **Business web address:** [www.\\_\\_\\_\\_.\\_\\_\\_\\_](http://www.____.____)

<input type="checkbox"/> A Federal Employee Identification Number (FEIN) is required for ALL businesses <b>Federal Employee Identification #</b> _____ - _____	Assigned by the IRS. Apply at <a href="http://www.IRS.gov">www.IRS.gov</a> . You may also receive an FEIN through the OneStop Online Business Registration site.
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<input type="checkbox"/> A Utah Sales Tax number is required for all businesses that make retail sales in Utah. <b>Utah Sales Tax #</b> _____ - _____ - STC	Assigned by the Utah State Tax Commission. You may also receive a sales tax # through the OneStop Online Business Registration site.
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<input type="checkbox"/> A professional license number is needed for businesses that are required to be licensed with the Salt Lake County Health Department. <b>Health Department Licensing #</b> _____ Expires: _____	Contact the Salt Lake County Health Department at 385-468-3835 for questions. <b>What types of Permit have you received or are applying for from the Health Department?</b> <input type="checkbox"/> Temporary Event Permit <input type="checkbox"/> Permanent Mobile Permit
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**License Plate # of Mobile Food Truck** \_\_\_\_\_

Are EPA hazardous materials stored on site?  Yes  No (If yes, MSDS of chemicals must be attached.)

**Detailed Description of Business:** (attach a separate sheet and/or photos if necessary)

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

**Number of Full-time Employees\*:** \_\_\_\_\_ **Number of Part-time Employees\*:** \_\_\_\_\_

\*Including owner(s)

**Owner/Applicant Name:** \_\_\_\_\_

**Address** (if different from business address): \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Email:** \_\_\_\_\_

Have you been previously licensed for this business?  Yes  No

If yes, under what name and jurisdiction? \_\_\_\_\_

I AM AWARE THIS APPLICATION DOES NOT AUTHORIZE CONDUCTING BUSINESS UNTIL APPROVED BY SOUTH JORDAN CITY AND A LICENSE HAS BEEN ISSUED. ALL FEES ARE NON REFUNDABLE.  
 RENEWAL OF THIS LICENSE IS THE RESPONSIBILITY OF THE BUSINESS OWNER. FAILURE TO RECEIVE A RENEWAL NOTICE DOES NOT EXCUSE THIS RESPONSIBILITY.

*I HAVE READ THE FOLLOWING AND AGREE TO COMPLY WITH ALL ORDINANCES, CODES AND REGULATIONS SET FORTH BY SOUTH JORDAN CITY, SALT LAKE COUNTY, THE STATE OF UTAH, AND FEDERAL STANDARDS, WHICHEVER APPLIES. I ATTEST THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.*

IF THIS APPLICATION IS SIGNED IN BEHALF OF A CORPORATION, THE SIGNATURE ALSO CERTIFIES THAT HE/SHE IS AUTHORIZED TO ACT ON ITS BEHALF.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**\*Incomplete applications cannot be accepted and will be returned**

**Attention All Mobile Truck Vendor Business License Applicants:**

- 1) **City Resolution R2015-20 (F) Operation on City Owned Property.** Vendors shall not operate on any City owned property unless it is during a City sponsored event with written approval to operate during said City event. Approval to operate shall be granted by the City department in charge of the event under applicable City policies and guidelines that are distinct from and not within the scope of this Pilot Program.
- 2) **City Resolution R2015-20 (G) Mobile Vending on Private Property.** Vendors may only operate on private property with the express written permission of that private property owned (“Letter of Permission”). Vendors operating on private property shall get a Letter of Permission from the owner of the property prior to any vending services the Vendor has permission to vend on the property and, if applicable, has permission to serve the owner’s or tenant’s employees and/or customers. The Letter of Permission shall list any restrictions on times of operation by the owner and where on the private property the Unit may operate. The Vendor shall keep a copy of the permission letter on the Unit at all times, and while operating the Vendor shall produce the letter upon the request of any City official acting in an enforcement capacity. The Vendor is responsible for providing updated letters to the City Business Licensing Office within 10 business days of any written request.

**Required Documents:**

- 1) Copy of permit to operate from the Salt Lake County Health Department.
- 2) Copy of Mobile Food truck vehicle registration.

**\*OFFICIAL USE ONLY \***

Department Review	Date Reviewed	Recommendation	Initials	Explanation if not recommended for approval
Business Licensing		<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> N/A		
Health Department *N Lucero		<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove <input type="checkbox"/> N/A		
Code Enforcement		Notice of approval and questionnaire only		<i>No Approval necessary.</i>

**City of South Jordan Business**  
**Mobile Food Vendor**  
**Additional Questionnaire**



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1. *Where will you dump waste water and grease?*

\_\_\_\_\_

2. *Do any of your events last for more than one day? Yes No*

*If yes, where will you store your food, equipment and vehicle during overnight hours?*

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

3. *How will you clean and sanitize food equipment and utensils at your booth?*

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

4. *List the name(s) of workers that hold a food handler card or food manager certificate:*

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

5. *Where will you prep your food?*

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