

**RESIDENTIAL FACILITY FOR THE DISABLED  
BUSINESS LICENSE APPLICATION**

Municipal Code: TITLE 14: RESIDENTIAL FACILITIES FOR THE DISABLED



Send all completed and properly signed forms (including attachments) along with applicable fees via certified mail to:  
South Jordan City, Attn: Business Licensing, 1600 W. Towne Center Drive, South Jordan, UT 84095

**Application Type:**

Recovery Residence

Assisted Living Home

Neighborhood Residential Facility

Other \_\_\_\_\_

Residential Treatment Facility that provides Residential Treatment

**Number of proposed residents:** \_\_\_\_\_ Per municipal code 14.01.040(F) - Each Residential Facility for the Disabled shall not house more than eight (8) individuals.

Youth (under age 18)

Adults

Male

Female

Both Male and Female

**Section 1: Business Information**

Business Legal Name:

DBA (if applicable):

Type of Organization:          Corporation          Partnership          Sole Proprietor          Other

Federal Tax ID #:

Business site address:

Business premise is:          Rented/Leased by above named business          Owned by above named business  
Property Owner name & phone #:

Business Mailing Address (if different):          City, State, Zip:

Primary Contact Name:

Primary Contact Phone:

Primary Contact Email:

Other Business Phone:

Other Business Email:

Business Website:

Has this business been previously licensed in the state of Utah?          No          Yes          If yes, under what name and jurisdiction?  
\_\_\_\_\_

Has this business been the subject of either criminal and/or administrative sanctions during the last 10 years?

No          Yes          If yes, please explain:

**Section 2: Business Owner Information**

Business Owner Name:

Business Owner Address:          City, State, Zip:

Business Owner Mailing Address (if different):          City, State, Zip:

Mobile Phone:          Email:

Work Phone:

Birth Date:          Driver's License # and state of issuance:



**Section 7: Acknowledgements and Signature**

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE SOUTH JORDAN CITY RESIDENTIAL FACILITIES FOR THE DISABLED ORDINANCE (TITLE 14).

I AM AWARE THIS APPLICATION DOES NOT AUTHORIZE OPERATING OR CONDUCTING BUSINESS UNTIL APPROVED BY SOUTH JORDAN CITY AND PERMIT AND/OR LICENSE HAS BEEN ISSUED. ALL FEES ARE NON-REFUNDABLE.

RENEWAL OF THE BUSINESS LICENSE IS THE RESPONSIBILITY OF THE BUSINESS OWNER. FAILURE TO RECEIVE A RENEWAL NOTICE DOES NOT EXCUSE THIS RESPONSIBILITY.

I HAVE READ 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, AS THEY APPLY. I ATTEST THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

IF THIS APPLICATION IS SIGNED ON BEHALF OF A CORPORATION, THE SIGNATURE ALSO CERTIFIES THAT I AM AUTHORIZED TO ACT ON ITS BEHALF.

Name of individual completing this application:

Title:

Date:

Email:

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

(If different from above):

Name of business owner:

Title:

Date:

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