

## BUSINESS LICENSE CHANGE OF BUSINESS ADDRESS

**\*\* A \$10 Transfer Fee will be Assessed After Location has been Inspected & Approved\*\***

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

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

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

**NEW ADDRESS**  
*(please print)*

New Address: \_\_\_\_\_  
(STREET)

Mailing Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

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

Nature of Business: \_\_\_\_\_

**PREVIOUS ADDRESS:**

Business Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Mailing Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

**\*\*FOR OFFICE USE ONLY\*\***

Business License#: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Paid: \_\_\_\_\_

### OFFICE USE ONLY – PROCESSING

Date of Submission: \_\_\_\_\_ Date Distributed for Review: \_\_\_\_\_

**BUILDING**

- Approved                       Revisions Needed  
 Denied                               N/A

Comments & Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLANNING & ZONING**

- Approved                       Revisions Needed  
 Denied                               CUP Needed

Comments & Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**FIRE DEPARTMENT**

- Approved                       Revisions Needed  
 Denied                               N/A

Comments & Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**WATER RECLAMATION**

- Approved                       Revisions Needed  
 Denied                               N/A

Comments & Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**TOOELE COUNTY HEALTH DEPARTMENT**

- Approved                       Revisions Needed  
 Denied                               N/A

Comments & Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**BUSINESS LICENSING**

- Approved                       Revisions Needed  
 Denied                               N/A

Comments & Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date Approved: \_\_\_\_\_ License Issued: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_