

**CITY OF SOUTH JORDAN
RESIDENTIAL FACILITY FOR THE DISABLED
BUSINESS LICENSE APPLICATION**



Return completed and property signed forms (including attachments)
to one of the following:

Email: businesslicensing@sjc.utah.gov

In Person: South Jordan City Hall
1600 W. Towne Center Drive
South Jordan, UT

Certified Mail: South Jordan City
Attn: Business Licensing
1600 W. Towne Center Drive
South Jordan, UT 84095

Application Type:

- Residential Treatment Facility that provides Residential Treatment ([Utah Code Section 62A-2-101\(36\)](#))
- Recovery Residence ([Utah Code Section 26B-2-101\(38\)](#))
- Neighborhood Residential Facility ([South Jordan Code 17.18.060\(B2\)](#))
- Other _____

Number of proposed residents: _____

- Youth (under age 18) Adults
- Male Female Both Male and Female

SECTION 1: Business Information

Business Name: _____

DBA (if applicable): _____

Type of Organization: Corporation Partnership Sole Proprietor Other _____

Federal Tax ID #: _____

Business site address: _____

Business premise is: Owned by above named business
 Rented/Leased by above named business (must include a signed Owner's Affidavit if renting/leasing)

Business mailing address: _____

Primary Contact Name: _____

Primary Contact Phone: _____

Primary Contact Email: _____

Other Business Phone: _____

Other Business Email: _____

Business Website: _____

Is this business currently, or has this business previously been licensed in another jurisdiction in the state of Utah?

No

Yes (if yes, under what business name and jurisdiction?) _____

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

No

Yes, please explain: _____

SECTION 2: Business Owner Information

Business Owner Name: _____

Business Owner's Primary Address: _____

Business Owner's Mailing Address (if different): _____

Mobile Phone: _____

Work Phone: _____

Birth Date: _____

Driver's License #: _____ State of Issuance _____

SECTION 3: Utah Department of Health & Human Services License

Type of state license being applied for: _____

Estimated issuance date: _____

If available:

License #: _____ Expiration Date: _____

SECTION 4: Facility Information

Estimated business start date: _____

Number of staff: _____

Number of off-street parking stalls: _____

EPA hazardous materials on site (other than normal quantities of household cleaners)?

- No Yes (please attach MSDS sheets)

SECTION 5: Reasonable Accommodation

Will you be requesting a reasonable accommodation with this application?

- No Yes (see [Municipal Code 14.01.070](#))

SECTION 6: Attachments

- Blueprints or detailed drawings of the property grounds and home floor plan (including dimensions)
 Reasonable Accommodation Request documents (if applicable)

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: _____

Signature: _____

(If different from above)

Name of business owner: _____

Title: _____

Date: _____

Signature: _____