

**City Council Members**

Destry Griffiths  
Steve Johnson  
J. Kirk Lovell  
Michael Olenlager  
Gary Wilcken



**Robert A. Rasmussen** - Mayor  
**Rob Dotson** - City Manager  
**Jackson Ames** - Chief of Police  
**Julie Watson** - City Recorder  
**Dan Jessen** - City Treasurer

**APPLICATION FOR HOME OCCUPATION BUSINESS LICENSE**  
**Annual Business License Fee \$20.00**

**Date:** \_\_\_\_\_ **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

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

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

**Address:** \_\_\_\_\_ **Mailing address if different:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Business phone:** \_\_\_\_\_ **email** \_\_\_\_\_

**Type of Organization:** Sole Proprietor \_\_\_ Partnership \_\_\_ Corp. \_\_\_ LLC \_\_\_

**As required by State law**, you must register your business name with the Utah Dept. of Commerce. Go to "Utah.gov" and choose "Business Online Services" and then "OneStop Business Registration".

**Verification number** \_\_\_\_\_  
(Or bring a copy of the printed verification with application)

**Utah State License number** (if applicable) \_\_\_\_\_ **Exp. Date** \_\_\_\_\_  
(Such as cosmetology, state childcare, general contractor)

**Utah State Tax number** (if applicable) \_\_\_\_\_  
(If you are required to collect sales tax)

**Other applicable license number** \_\_\_\_\_  
(Such as food handlers permit, CDL)

**Y\_\_ N\_\_ 1. Will this business result in noise or vibration, light, odor, dust, smoke or other air pollution at or beyond the property line?**

**Y\_\_ N\_\_ 2. Does this business include the outside storage of goods, materials or equipment?**

**Y\_\_ N\_\_ 3. Will this business produce traffic volumes exceeding those produced by residents of the dwelling unit?**

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**Y\_\_N\_\_ 4. Does this business include nursing homes, restaurants, vehicle repair or boarding houses?**

**Y\_\_N\_\_ 5. Does this business include the care of more than four (4) children other than members of the family residing in the dwelling?**

**Y\_\_N\_\_ 6. Does this business provide employment to any individual not residing in the home?**

**Y\_\_N\_\_ 7. Is this business clearly subordinate to the use of the home for dwelling purposes and does not change the character of the lot?**

**Y\_\_N\_\_ 8. Is the signage for this business limited to one non-illuminated identification sign, two square feet or less in size?**

**Y\_\_N\_\_ 9. Does the business comply with all required Federal and State licensing requirements?**

**Y\_\_N\_\_ 10. Will sufficient off-street parking be provided to accommodate increased vehicle traffic caused by the business?**

**Y\_\_N\_\_ 11. Does the applicant for this business reside in the residence for which the application is being made?**

**Y\_\_N\_\_ 12. Does this business operation generate any wastewater other than from restrooms?**

If the application relates to a coin operated machine or device, please identify type of machine/device and location thereof: \_\_\_\_\_

All business license fees shall be due upon the date of application approval. No license shall be issued until the license fee is paid in full. Licenses are good for one year from the date of approval. If any business license fee is not paid within thirty (30) days of the due date, a penalty in the amount of \$10.00 shall be added to the original amount thereof. No license shall be issued until all penalties legally assessed have been paid in full.

No business license granted or issued by this municipality shall be assigned or transferred to any other person nor does it authorize any other business, calling, trade or profession than is herein named to do business.

I understand that this Home Occupation Business Conditional Use Permit will be reviewed yearly on the anniversary date of the approval. I also understand that a Business license must be renewed yearly. I certify that the information is complete and accurate.

**Signature of Applicant(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_