



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:** _____

Contact 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?**

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 of 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 YES call CCWWTF Pretreatment Coordinator 435-867-9426

CCWWTF Pretreatment Coordinator Approval Signature _____

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: _____