



**IVINS CITY**  
 55 N. Main St., Ivins, UT 84738  
 435-628-0606  
 Fax: 435-674-5486  
 www.ivins.com

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|---|
| Home Occup BL # _____   |
| Filing Fee: <b>\$50.00</b><br>+ \$25.00 Fire Inspection<br><b>\$75.00 TOTAL</b> |
| Receipt #: _____  |
| Date: ____/____/20____  |
| Check #: _____/_____<br>Rec'd By _____  |

**HOME OCCUPATION BUSINESS LICENSE APPLICATION – CHILD CARE**

|                             |   |
|-----------------------------|---|
| Business Name _____         | Business Address _____ Ivins, UT 84738  |
| Federal Tax ID # _____      | Mailing Address (if different) _____  |
| Or EIN _____                | City _____  |
| State of Utah _____         | State, Zip _____  |
| DBA or Entity # _____       |   |
| State of Utah issued _____  | State of Utah _____   |
| License # _____             | Sales Tax # _____   |
| Telephone ( ) _____ - _____ | Sq. Ft. of Home _____ to be Used* _____ Location _____                                      |
| Fax ( ) _____ - _____       |   |
| Cell # ( ) _____ - _____    | Is there a business manager? _____ (*May Not Exceed 25% of Total Home Sq. Ft or 500 Sq Ft.) |
| Business Owner Name _____   | Owner SSN _____ - _____ - _____ Date of Birth _____<br>Month Day Year                       |
| Email Address _____         |   |

This Business is a: (1) Corporation (2) Limited Liability Company (LLC) (3) Partnership (4) Sole Proprietor Please circle appropriate selection

If you are not the sole owner give name(s) of other owner(s). \_\_\_\_\_

If Corporation or Partnership, give names of Officers or General Partners: \_\_\_\_\_

Anticipated Date Commencing Business: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Complete Description of Home Occupation Business: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please initial the following statements:**

- \_\_\_\_\_ I hereby certify that the use applied for will not violate covenants, conditions, and restrictions or other deed restrictions affecting the property involved.
- \_\_\_\_\_ I hereby certify that no other persons, other than the residents in the home, shall work at the home.
- \_\_\_\_\_ I understand that a "Courtesy Notice to Neighbors" letter is required for child care or day care. I have provided enough #10 Envelopes, Postage Affixed with TYPED Addresses for those neighbors living within 300' of this property  
 Date these notices were mailed (to be completed by City staff): \_\_\_\_/\_\_\_\_/20\_\_\_\_  
 The website: <http://www.washco.utah.gov/> can be helpful in determining your closest neighbors. (If you need additional help, ask the Business License Records Specialist for a step by step instruction sheet - "IC-Form 6014")

**I hereby declare that the foregoing information given on this application for a Home Occupation Business License is true and that falsifying any information constitutes cause for rejection of my license. I further understand that should my home occupation business at any time not be in accordance with the ordinances of Ivins City that said license may be revoked. (According to Ivins City Ordinance No. 2003-01)**

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
 \_\_\_\_\_  
 Signature of Owner or Registered Agent



# HOME OCCUPATION BUSINESS LICENSE INSTRUCTIONS

If you are required by ordinance and if they apply to your application to have a Home Occupation Business License the following items must accompany your application before approval:

1. IRS issued document showing your EIN, **if you are incorporated**
2. A copy of your business Registration Certificate, or Entity Registration Certificate, **unless you are operating as a Sole Proprietor**
3. Sales Tax ID Certificate for the address list above showing your sales tax number, **if you are selling a product or service**
4. Copy of any State of Utah issued license applicable to your business or profession. (For example, Contractor, Real Estate, Insurance, i.e. the state issues a license governing your occupation/business/profession.)

Business Hours: \_\_\_\_\_ AM \_\_\_\_\_ PM which days of the week? \_\_\_\_\_

**Customers:**

It is assumed that a majority of visitors will be simply dropping off and/or picking up children; not counting these how many visitors/customers will be coming to your house daily and staying for awhile? \_\_\_\_\_

**Vehicles - Parking:**

Do you have adequate parking for your customers & your vehicles?\* Yes No

It is assumed that a majority of vehicles will be dropping off and/or picking up, not counting these how many vehicles will be parked for awhile each day at your home?\* \_\_\_\_\_

\* Provide diagram with dimensions of home and parking for customers.

**COMMENTS:**

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