



**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>If applicable |
| Receipt #: _____   |
| Date: ____/____/20____   |
| Check #: _____/_____<br>Rec'd By _____                                   |

**HOME OCCUPATION BUSINESS LICENSE APPLICATION**

|  |   |
|--|---|
| Business Name _____  | Business Address _____ Ivins, UT 84738  |
| Federal Tax ID # _____   | Mailing Address (if different) _____  |
| Or EIN _____   | City _____  |
| State of Utah DBA or Entity # _____  | State, Zip _____  |
| State of Utah issued License # _____<br><small>If applicable attach copy</small> | State of Utah Sales Tax # _____<br><small>If applicable attach copy</small>   |
| Telephone (____) _____ - _____   | Sq. Ft. of Home _____ to be Used* _____ Location _____<br><small>(*May Not Exceed 25% of Total Home Sq. Ft or 500 Sq Ft.)</small> |
| Cell # (____) _____ - _____ Fax (____) _____ - _____                             |   |
| Business Owner Name _____  | Owner SSN _____ - _____ - _____ Date of Birth ____/____/19____<br><small>Month Day Year</small>                                   |
| 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: \_\_\_\_/\_\_\_\_/201\_\_

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 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

Please identify from the following category list what type of business would best describe your home occupation business (circle only one)

- |           |            |              |           |              |             |           |
|-----------|------------|--------------|-----------|--------------|-------------|-----------|
| Animal    | Construct  | Engineer     | Handbills | Landscape    | Photograph  | Salon     |
| Architect | Consulting | Entertain    | HVAC      | Massage      | Plumbing    | Salon     |
| Art       | Contacting | Finance      | Instruct  | Medical      | Pre-School  | Sew       |
| Auto      | Day Care   | Fitness      | Insurance | Misc Service | Real Estate | Solicitor |
| Cleaning  | Design     | Food Service | Internet  | Music Art    | Repair      | Storage   |
| Computer  | Electrical | Gun          | Jewelry   | Pest         | Retail      | Taxi      |



# HOME OCCUPATION BUSINESS LICENSE INSTRUCTIONS

If you are required by ordinance for your particular business to provide "Courtesy Notice to Neighbors" the following must accompany your application:

#10 Envelopes with Postage Affixed with TYPED Addresses of all neighbors within 300 feet of your property

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")

If you are required by ordinance and if they apply to your application 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.)

Products to be produced/created \_\_\_\_\_  
\_\_\_\_\_

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

### Customers:

Will your business have customers coming to your home? Yes No

How many clients are estimated per day? \_\_\_\_\_

### Work Vehicles/Trailers:

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

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

How many vehicles/trailers will be at your home?\* \_\_\_\_\_

Where will they be stored when not in use?\* \_\_\_\_\_

\*Provide pictures of vehicles/trailers and where they will be located when not in operation.

### Materials/Tools – Usage & Storage:

Will you be storing materials, chemicals, or tools? Yes\* No

\*List in COMMENTS specific materials, chemicals, or tools that will be used.

\*List in COMMENTS where the materials, chemicals, or tools will be stored when not in use.

### COMMENTS:

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