



IVINS CITY

55 N. Main St., Ivins, UT 84738

435-628-0606

Fax: 435-674-5486

www.ivins.com

Home Occup BL # _____
Filing Fee: \$50.00
+ \$25.00 Fire Inspection If applicable
Receipt #: _____
Date: ____/____/201__
Check #: _____/_____
Rec'd By _____

HOME OCCUPATION BUSINESS LICENSE APPLICATION – TAXI SERVICE

Business Name _____	Business Address _____ Ivins, UT 84738
Federal Tax ID # _____	Mailing Address _____
Or EIN _____	(if different) _____
State of Utah _____	City _____
DBA or Entity # _____	State, Zip _____
State of Utah issued _____	State of Utah _____
License # _____	Sales Tax # _____
Telephone () _____ - _____	Sq. Ft. _____
Fax () _____ - _____	of Home _____ to be Used* _____ Location _____
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 _____
	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: ____/____/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 – Taxi Service is true and correct 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 _____, 201__

Signature of Owner or Registered Agent

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.)



HOME OCCUPATION BUSINESS LICENSE TAXI SERVICE

Home Occupation Business License - Taxi Service

An applicant shall provide:

- (a) proof of having in place an insurance policy with a minimum limit of liability for such insurance of a combined single limit for bodily injury and property damage of not less than \$100,000.00 to protect the public and fares from claims for injuries, including accidental death, and property damage which may arise in the operation of the taxi service;
- (b) a list of all taxicabs that will be used in the taxi service business with year, make and vehicle identification number for each vehicle; and
- (c) proof of recent (not older than sixty (60) days) safety inspections for each vehicle performed by a state licensed facility.

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 i.e. Taxi's

By City ordinance:

- 1. A maximum of two taxis can be operated from a residential dwelling.
- 2. Any and all drivers of these taxis must be residents of the home.

Do you have adequate parking for your customers & your vehicles + the taxis?* 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.

COMMENTS:
