



IVINS CITY

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

BL - H Off # _____
Filing Fee: \$50.00
Receipt #: _____
Date: ____/____/20____
Check #: _____/_____ Rec'd By _____

HOME OFFICE BUSINESS LICENSE APPLICATION

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 _____

If applicable attach copy

State of Utah issued License # _____	State of Utah Sales Tax # _____
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If applicable attach copy

If applicable attach copy

Telephone () _____ - _____	Fax () _____ - _____	Sq Ft of Home _____	Sq. Ft. to be Used* _____	Location _____
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Cell # () _____ - _____ Is there a business manager? _____ (*May Not Exceed 25% of Total Home Sq. Ft or 500 Sq Ft.)

Business Owner Name _____	Owner SSN _____ - _____ - _____	Owner Date of Birth _____/_____/_____ Month Day Year
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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 Office 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 Office Business License is true and that falsifying any information constitutes cause for rejection of my license. I further understand that should my home office 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 (circle only one)

- | | | | | | | |
|-----------|------------|--------------|-----------|--------------|-------------|-----------|
| Animal | Construct | Engineer | Handbills | Landscape | Photograph | Sales |
| Architect | Consulting | Entertain | HVAC | Massage | Plumbing | Salon |
| Art | Contactor | 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 |