



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: ____/____/20____
Check #: _____/_____
Rec'd By _____

HOME OCCUPATION 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 _____
<small>If applicable attach copy</small>	
State of Utah issued License # _____	State of Utah Sales Tax # _____
<small>If applicable attach copy</small>	<small>If applicable attach copy</small>
Telephone (____) ____ - _____	Sq. Ft. of Home _____ to be Used* _____ Location _____
Cell # (____) ____ - _____ Fax (____) ____ - _____	<small>(*May Not Exceed 25% of Total Home Sq. Ft or 500 Sq Ft.)</small>
Business Owner Name _____	Owner SSN _____ - _____ - _____ Date of Birth ____/____/19____
	<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 Architect | Construct Consulting | Engineer Entertain | Handbills HVAC | Landscape Massage | Photograph Plumbing | Sales Salon |
| Art | Contact | 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 DBA Registration Certificate, or Entity Registration Certificate, *unless you are operating as a Sole Proprietor*
3. Sales Tax ID Certificate 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:
