



IVINS CITY

55 N. Main St., Ivins, UT 84738

435-628-0606

Fax: 435-674-5486

www.ivins.com

BL # _____
Filing Fee: \$50.00
+ \$25.00 Fire Inspection If applicable
Receipt #: _____
Date: ____/____/201____
Check #: _____ Cash/CC_____

HOME OCCUPATION BUSINESS LICENSE APPLICATION

Business Name _____	Business Address _____ Ivins, UT 84738
Federal Tax ID # _____	Business Owner Name _____
Or EIN _____	State of Utah _____
State of Utah DBA/Entity # _____ - _____	Sales Tax # _____ - _____ - _____
State of Utah Profession License # _____ - _____	Is this Business?
<small>If applicable, profession license# - , i.e. Real Estate, Insurance, Gen Contractor etc.</small>	Pre-School/Day Care - Bed & Breakfast - Mobile Catering - Taxi/Driving School
	<small>If applicable, circle appropriate - a separate addendum will be required.</small>

Contact Information Sq. Ft of Home _____ to be Used* _____ (*Not to Exceed 25% of Total Home Sq. Ft or 500 Sq Ft.)

Bus Phone (____) _____ - _____ Cell # (____) _____ - _____ Fax (____) _____ - _____

Email Address _____

Website address: (URL) _____

Do you want to be listed in the **Ivins City Business License Directory**? Y N Do you want to be listed on the **Ivins City Website**? Y N

Description of Home Occupation Business: _____

Products that are created, assembled, purchased and/or resold as part of this business _____

In four words or less describe what your business uniquely does _____

Adequate **off-street parking**? Y N If No, please explain how this will be managed _____

If **hazardous chemicals or materials** are to be used or stored as part of this business activity please list any and all: _____

Please identify your business **Category** (circle only one)

- | | | | | |
|----------------------------------|--|------------------------------------|-------------------------------|-------------------------------------|
| <i>Ancestral Research</i> | <i>Consulting Services</i> | <i>Handyman Services</i> | <i>Medical Services</i> | <i>Retail/Gifts</i> |
| <i>Accountant/Accounting</i> | <i>Cosmetology</i> | <i>Health Services</i> | <i>Miscellaneous Services</i> | <i>Sales & Distribution</i> |
| <i>Animal Services</i> | <i>Day Care</i> | <i>Health/Fitness/Resort/Spa</i> | <i>Mobile Catering</i> | <i>Sew/Upholstery/Quilting</i> |
| <i>Architect/Building Design</i> | <i>Dental Care</i> | <i>Heating & A/C - HVAC</i> | <i>Musician/Music</i> | <i>Storage</i> |
| <i>Art Gallery-Studio</i> | <i>Electrical Contractor</i> | <i>Home Builder</i> | <i>Office Products</i> | <i>Taxi/ Driving School</i> |
| <i>Artist</i> | <i>Engineering</i> | <i>Insurance</i> | <i>Painting Contractor</i> | <i>Transportation</i> |
| <i>Audio Visual Services</i> | <i>Entertainment Production</i> | <i>Internet Sales</i> | <i>Pest Control Services</i> | <i>Tutoring/Instruction/Classes</i> |
| <i>Automotive/Repair</i> | <i>Financial Planning</i> | <i>Investing</i> | <i>Photography</i> | <i>Utility</i> |
| <i>Barber Shop</i> | <i>Firearms/Guns & Accessories</i> | <i>Jewelry</i> | <i>Plumbing</i> | <i>Vending</i> |
| <i>Beauty Salon</i> | <i>Food</i> | <i>Landscape/Yard Care</i> | <i>Pre-School</i> | <i>Veterinarian</i> |
| <i>Bookkeeping</i> | <i>Gas/Convenience Store</i> | <i>Legal Services</i> | <i>Property Management</i> | <i>Voice Instruction</i> |
| <i>Building Contractor</i> | <i>General Contractor</i> | <i>Lodging/Bed & Breakfast</i> | <i>Real Estate Services</i> | <i>Wireless Provider</i> |
| <i>Cleaning Services</i> | <i>Graphic Design</i> | <i>Massage Therapy</i> | <i>Recreation</i> | |
| <i>Construction Services</i> | <i>Grocery/Neighborhood Market</i> | <i>Media Design</i> | <i>Repair Services</i> | |
| <i>Computer/Internet Tech</i> | | <i>Medical Clinic</i> | <i>Restaurant/Fast Food</i> | |

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.

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.

_____, 201____ X
Month Day Year Signature of Owner or Registered Agent