



Application Packet
Doing Business in Washington City

For all businesses classified as a Home Occupation



Washington City Recorder's Office

111 North 100 East
Washington City, UT 84780
Phone (435) 656-6356
Fax (435) 656-6370
www.washingtoncity.org

Business Owner,

Thank you for choosing to locate your business in Washington City. The following is a checklist of requirements needed for a business license. Please keep in mind this is for your convenience only. Additional items may be required depending on the type of business:

1. Fill out all forms completely and clearly. Business License Application, Home Occupation Checklist or Business review, and a completed site plan.
2. Make sure you have all appropriate registration numbers from State and Federal agencies on your applications. You can obtain these numbers online at www.utah.gov under the business menu or you may contact the following agencies:
 - a. Utah Department of Commerce to obtain your Business name registration (801)530-6646 or www.commerce.utah.gov begin on the OneStop Business Registration Link. This number is required for all businesses.
 - b. Utah State Tax Commission to obtain your Sales Tax number at or (435)251-9520 or www.tax.utah.gov A sales tax number may not be required if your business does not sell products.
 - c. Federal ID Number (EIN). (800)829-4933 or www.irs.gov If you are a sole proprietor you may not need this number. Please call to confirm if your business will require this number.
 - d. Occupational License (866)275-3675 or www.dopl.utah.gov This is for occupations regulated by the State of Utah: Contractors, Doctors, Nurses, etc.
 - e. Please be aware, additional permits or licensing may be required for your individual business.
3. All fees for the Business License will be collected once your application has been approved.

IMPORTANT: Permits are required for signs. Applications for sign permits may be obtained through the Community Development Department at (435)656-6366.

Return your COMPLETED application with all required documents and licenses to the Business License Official at the Washington City Offices. *(Failure to fill out all fields and provide all necessary documents will result in your application being returned to you unprocessed.)*

If you have questions or concerns please contact the office (435)656-6356.

License Number: _____



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APPLICATION FOR BUSINESS LICENSE

Business Name: _____ Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Fax: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Applicant: _____ Phone: _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

Business is: Sole Proprietorship Partnership Corporation Limited Liability Corporation

Type of Business to be conducted: _____

Entity # _____ Sales Tax # _____ Federal ID # _____

State # _____ Please attach a copy of State License if applicable.

Number of Employees: Full-Time _____ Part-Time _____

I understand that falsifying any information on this application constitutes sufficient cause for rejection of my application or revocation of my license. I also understand that the City Business License Officials may require additional information as permitted by the City Business License Ordinance, and I agree to supply the same upon request as part of this application.

Signature of Applicant: _____ Date: _____

LICENCE FEES:	
FOR OFFICE USE ONLY	
Regular Business License	\$50.00
Home Occupations	\$50.00
Video Games and Amusement Devices	\$100.00
Banks, Savings & Loans, Pawn Brokers	\$100.00
Full-Time Employees (over one employee)	\$10.00
Part-Time Employees	\$5.00
<p>➤ A minimum of ½ year license fee required to new businesses applying after July 1 of the current business year</p> <p>➤ License fee is due and payable by January 31 of the current business year. Delinquent penalty of 10% of the license fee will be assessed as of February 1.</p> <p>➤ _____ + _____ + _____ = _____</p> <p style="text-align: center;">License Fee Number of Employees Penalty (if applicable) Total Fees Due</p>	



Community Development Department
 111 North 100 East
 Washington City, UT 84780
 Phone (435) 656-6325
 Fax (435) 656-6371
 www.washingtoncity.org

**HOME OCCUPATION
 Checklist and Agreement of Terms**

Business Name: _____ Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

HOME OCCUPATION: Any use conducted entirely within a dwelling and carried on by persons residing in the dwelling unit. This accessory use shall be clearly incidental and secondary to the use of the dwelling for dwelling purposes and shall not change the character thereof. The dwelling shall be the principal residence of the occupants. The home occupation shall not include any display, stock in trade, employees or the use of advertising except as provided herein. The home occupation shall not involve the use of any accessory building or yard space outside the main building.

Description of business (What will take place in the office or home? What equipment will be used? What materials will be sold?):

PLEASE CIRCLE TO INDICATE WHETHER YOU COMPLY WITH THESE STANDARDS INVOLVING YOUR HOME BUSINESS:

- The home occupation business is owned & operated by a person who resides in the home where the business is located? **YES NO**
- The applicant will be the primary provider of the labor, work, or service provided in the home occupation business? **YES NO**
- A business license for the home occupation shall be obtained from and continually maintained with Washington City? **YES NO**
- I understand only members of the owner's family who reside in the dwelling may be employed in the home occupation. Non-family or non-residents are not permitted. **YES NO**
- Will there be more than 100 square feet of stock in trade, inventory, or other merchandise to be stored on the premises? **YES NO**

If Yes, please explain: _____

- Do you have outside storage? **YES NO**

If Yes, please explain: _____

- Is there visible evidence from the exterior of the dwelling or building indicating that it is being used for any other purpose than that of a dwelling? **YES NO**

If Yes, please explain: _____

- I understand that tools, items, equipment, or activities conducted within the dwelling, which are offensive or noxious by reason of the emission of odors, smoke, gas, vibration, magnetic interference or noise, are prohibited. **YES NO**
- The home occupation is clearly incidental and secondary to the primary use of the dwelling for residential purposes. **YES NO**

If No, please explain: _____

- I understand that the home occupation shall not disrupt the normal residential character of the neighborhood in which the residence is located. **YES NO**

- Will your home occupation business generate pedestrian or vehicular traffic, or parking problems in excess of what is customarily associated with the zone in which the use is located? **YES NO**

If Yes, please explain: _____

- Are you going to have customers coming to the business? **YES NO**

If Yes, please explain: _____

- Does this business provide for public assembly or an education facility? YES NO
If Yes, please explain: _____

- Will there be any vehicle repairs or maintenance conducted at the residence? YES NO
If Yes, please explain: _____

- Will there be any building alterations or addition? YES NO
If Yes, please explain: _____

- **Other than the business owner's personal transportation**, will there be any vehicles or equipment stored on the property? YES NO
If Yes, please be specific to number of vehicles/equipment with dimensions: _____

- Will the yards surrounding the dwelling and accessory buildings to be used for any activities or storage of any materials associated with the home occupation? YES NO
If Yes, please explain: _____

NOTICE: Failure to comply with the above conditions can result in suspension or revocation of your business license and is a Class "B" misdemeanor.

If you do not meet the criteria, you may apply for a Conditional Use Permit.

IMPORTANT: Include a Site Plan showing parking, location of vehicles/equipment, existing buildings, access and floor layout showing the location of the business.

Filing Fee: \$50.00

Business premises must comply with all applicable fire, building, plumbing, health, and electrical code specifications as well as zoning regulations. Any premises where food or drink is handled may need clearance from the County Health Department and/or Department of Agriculture.

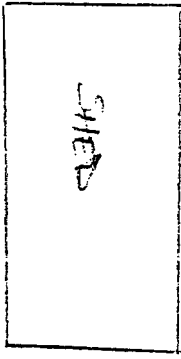
Zone: _____ Verified By: _____

Applicant's signature indicates an agreement to conduct the business in compliance with the above listed uses and Zoning Ordinances. If you do not meet the criteria, you may apply for a Conditional Use Permit.

Signature of Applicant: _____ Date: _____

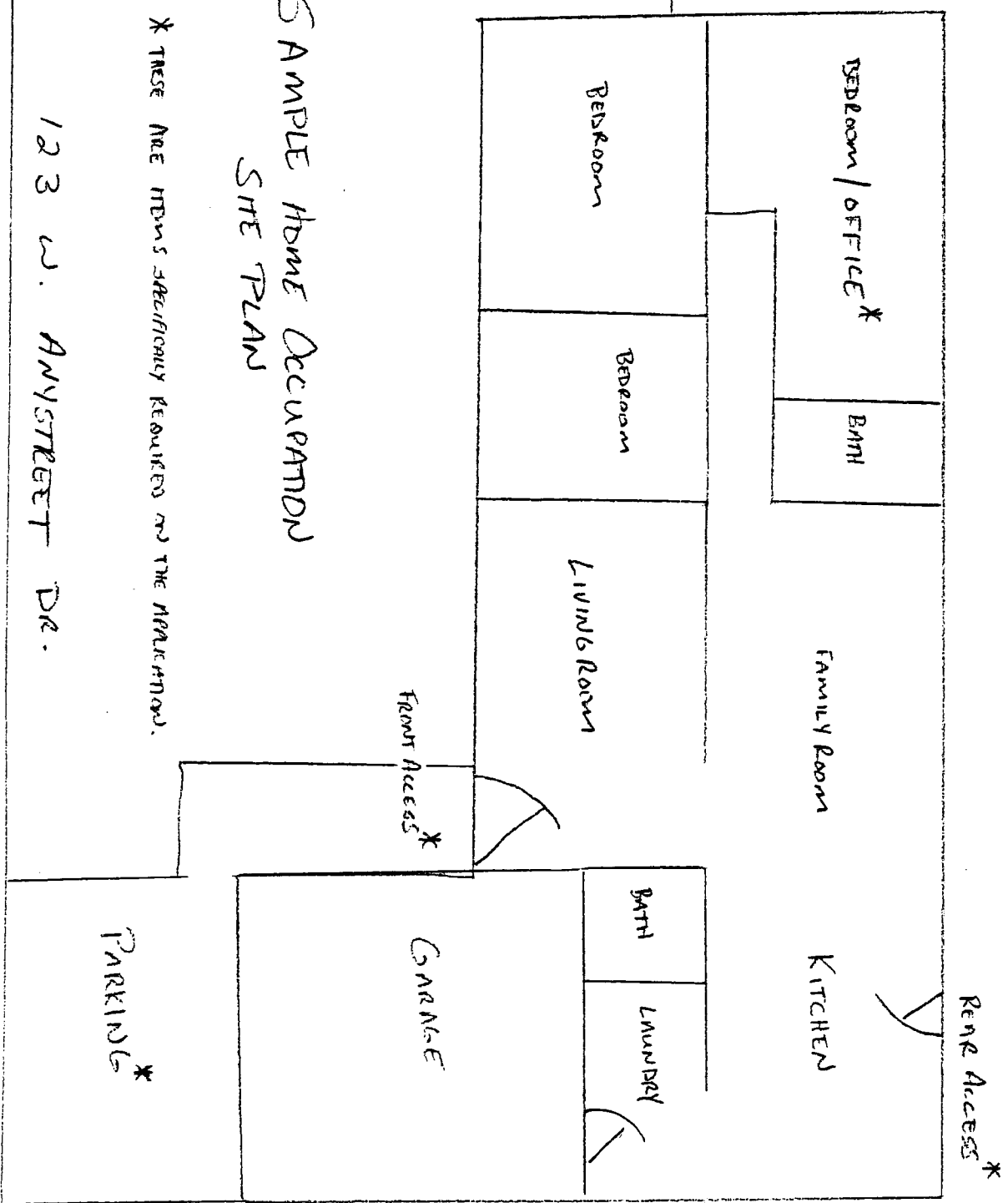
Signature or Consent of Owner: _____ Date: _____

Signature of Zoning Administrator: _____ Date: _____



*

FENCED BACKYARD



SAMPLE HOME OCCUPATION SITE PLAN

* THESE ARE ROOMS SPECIFICALLY REQUIRED BY THE APPLICANT.

123 W. ANY STREET DR.