



CITY OF CEDAR HILLS

3925 W. Cedar Hills Drive, Cedar Hills, Utah 84062 • www.cedarhills.org
 801-785-9668 (Phone) • 801-796-3543 (Fax)

HOME OCCUPATION BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION			
Business Name:		Phone # :	
Business Address:		Mailing Address (if different):	
Type of Business			
Home Office <input type="checkbox"/> WITHOUT public or non-residing employees	Home Business <input type="checkbox"/> WITH public or non-residing employees	Day Care/Child Care <input type="checkbox"/> # of Children _____	Pre-School <input type="checkbox"/> # of Children _____
Would you like your business information published on the City's Web site? (Business name, phone number, contact name and type of business) <input type="checkbox"/> YES <input type="checkbox"/> NO			
If you wish to have your Web site included in the published information, please include that here:			
Please describe, in detail, the proposed business:			
Hours of Operation:	Total Sq Ft of Residence:	Total Sq Ft Occupied by Business:	
Number of Non-Residing Employees: Working In Home _____ Working Outside of Home _____	Date to Open (Anniversary Date):	E-Mail Address:	
Business Sales Tax#, if applicable:	State License #, if applicable:	Business Entity/Registration # (Required):	
BUSINESS OWNER INFORMATION			
Owner's Name:		Home Phone # :	
Owner's Address:		Mobile or 2nd Phone # :	
Social Security # : (REQUIRED. Social Security Numbers are classified as private under UCA63-2-302.)	Date of Birth:	Driver's License Number	
Emergency Contact & Phone # :			

**PLEASE COMPLETE ALL PORTIONS OF THIS APPLICATION TO AVOID DELAY IN REVIEW AND APPROVAL.
 INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR COMPLETION.**

BUSINESS LICENSE FEES

Setup Fee (New Business) \$20.00
 Base License Fee \$65.00
 FEE CALCULATION SUBTOTAL \$ _____

Inspection Fee - \$25.00 + _____
 (Any business with public or non-residing employees is required to have an annual safety inspection.)

LATE FEE - \$10.00 per month + _____

FEE CALCULATION TOTAL \$ _____

1. Is the Home Occupation conducted entirely within the living area of the dwelling? (No garage, accessory building, or yard space) YES NO
2. Will an identification sign be displayed for the Home Occupation? (See Building Department for required permit.) YES NO
3. Will chemicals or mechanical equipment be used or stored? YES NO
4. Will commercial vehicles be located on the premises? (If yes, see Section 3, 3-1B-1, A5.) YES NO
5. Manufacturing of any product? YES NO If yes what type: _____
6. Any exterior storage of materials or supplies? YES NO

I, the undersigned, clearly understand and am fully aware of the regulations and restrictions for operating a Home Occupation Business, as stated in the supporting ordinance provided to me. I do hereby agree to abide by these regulations and restrictions in the operation of my business. I understand that my residence may be inspected by an authorized representative of the City of Cedar Hills for compliance with these regulations. I also understand that this license may be revoked due to violation of the provisions of the City of Cedar Hills Code.

 Business Owner's Signature

 Date

Your business is an important and welcome part of our community.

OFFICE USE ONLY	Fee Received By:	Date Submitted:	Amount Paid:
Comments:			
Approval by City Building Licensing Official:			
Approval Date _____	_____ Authorized Signature		