It is time to renew your home occupation business license if you will be operating a business in Leeds in 2019. Doing so requires:

1. Completing a Home Occupation Business License Application
2. Submitting the completed Application, along with all required attachments (if any) no later than February 1, 2019 to the Town Clerk/Recorder

Any business preparing food must have a Permit to Operate and/or annual Health Permit from the Southwest Public Health Department. You may contact them at 986-2580. Any Health Department requirements must be met prior to the Town issuing a business license.

Contractors and other state licensees, such as cosmetology or barbering, among others, must submit a copy of their current State License along with their Home Occupation Business License Application.

Please remember the deadline is February 1, 2019. Beginning February 2, 2019 there will be a $5.00 late fee assessed. Doing business without a current license is a Class B Misdemeanor.

You can renew your business license at Town Hall on Monday through Thursday, from 9:00 a.m. to 2:00 p.m. Remember to check out our website - www.leedstown.org and note Leeds Businesses listed under “Community”, then “Local Businesses”. If you would like your business listed, please check the appropriate box on the application. If you find errors in your business listing, please notify the Clerk/Recorder by e-mail at clerk@leedstown.org or phone 879-2447 to have appropriate corrections made on the site.

If you are no longer in business, please check the “Business Closed” box on the Application, and mail it to Town Hall or call the Town office at 879-2447 and we will remove your name from the business list.

PLEASE REMEMBER: Late fee of $5.00 will be charged for license renewals received after February 1, 2019.

Sincerely,

Peggy Rosebush
Clerk/Recorder, Town of Leeds
TOWN OF LEEDS

2019 Home Occupation Business License
Application and Agreement of Terms

PLEASE REMEMBER THIS IS ONLY AN APPLICATION AND NOT A BUSINESS LICENSE. You will receive your business license from the Town Clerk/Recorder when all necessary information has been received, reviewed and found acceptable.

Please check applicable box:  ☐ New  ☐ Renewal (Must still complete form)  ☐ Address change

Do you have a Conditional Use Permit (CUP) Issued on this business location?  ☐ Yes  ☐ No

If a CUP was issued, is the business function still the same?  ☐ Yes  ☐ No

*If you checked 'no' above, please attach explanation.

Please check if you are NO LONGER IN BUSINESS:  ☐ Date Business was discontinued_______

Home Occupation Defined: Any use conducted entirely within a dwelling, and carried on by persons residing in the dwelling unit, occupying no more than twenty-five (25) percent of the dwelling unit. The home occupation business is clearly incidental and secondary to the use of the dwelling unit for dwelling purposes and does not change the character thereof. The dwelling shall be the principal residence of the business owner/manager. The home occupation shall not include any display, stock in trade, employees or the use of advertising accept as provided herein. The home occupation business shall not involve the use of any accessory buildings or space outside the main building. In all cases where a home occupation is engaged in, there shall be no advertising of said occupation, no window display, or signs except as permitted by Leeds Ordinance. The property resident must be the on-site manager of the home occupation business.

PLEASE PRINT CLEARLY

Business:
Name: ____________________________________________
Street Address:____________________________________
Mailing Address:____________________________________
Business Phone: __________________________ Fax Number: __________________________
E-mail Address:____________________________________ Website: __________________________

Owner of Property:
Name: ____________________________________________
Address: __________________________________________
Home Phone: __________________________ Business Phone: __________________________

Applicant:
Name: ____________________________________________
Street Address:____________________________________
Mailing Address:____________________________________
Home Phone: __________________________ Cell Number
E-mail Address:____________________________________
Description of business and what activity will take place:

__________________________________________________________

__________________________________________________________

__________________________________________________________

Business is:  ☐ Corporation  ☐ Sole Proprietorship  ☐ Partnership  ☐ LLC

List all owners other than applicant. If a corporation, partnership, or LLC, list other officers, general partners or members. (*If New Applicant, or if information has changed from previous year, attach copy of Articles of Incorporation or Articles of Organization & Certificate of Registration.)

__________________________________________________________

__________________________________________________________

Date of commencing business in Leeds: ____________________________

Have you registered your business name with the State of Utah?  ☐ Yes  ☐ No (*if new applicant, attach copy)

Federal Tax ID: ____________________________ (*If new applicant, attach copy of IRS form SS-4.)

Utah Sales Tax Number: ____________________________ (*If new applicant, attach copy of Sale Tax License from Utah State Tax Commission)

Is this a food or food preparation business?  ☐ Yes  ☐ No (If yes, attach a copy of Permit to Operate and / or annual Health Permit from Southwest Public Health Department.)

Is this business required to be licensed by the State?  ☐ Yes  ☐ No
If yes, indicate type and number: ____________________________ (Attach Copy of State License)

Average number of employees: Days & hours of operation:

Do you want your Home Occupation Business listed on the Leeds Town Website?  ☐ Yes  ☐ No

Please complete the following to indicate compliance with the standards involving your business:

Is the home occupation business owned and operated by a person who resides in the home where the business is located?
YES _____ NO _____
Is the applicant the primary provider of the labor, work, or service provided in the home occupation business?
YES _____ NO _____

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 _____

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

Is there visible evidence from the exterior of the dwelling or building indicating that it is being used for any purpose other than that of the dwelling? If yes, explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Is the home occupation clearly incidental and secondary to the primary use of the dwelling for residential purposes? If no, explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Are you going to have customers coming to the business? If yes, please explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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? If yes, explain
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other than the business owner’s personal transportation, will there be any vehicles or equipment stored on the property (this includes vehicles associated with the business)? If yes, please explain:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**NOTICE:**

Applicant's signature indicates agreement to conduct the business in compliance with listed uses, Land Use Ordinance and all Ordinances that are applicable to the type of business being conducted. Any operations exceeding or not in compliance with Town of Leeds Ordinances require application for a Conditional Use Permit and said Permit will not be issued without prior recommendation from Planning Commission and approval from Leeds Town Council per the Land Use Ordinance.

FAILURE TO COMPLY WITH THE ABOVE CONDITIONS AND LEEDS ORDINANCES CAN RESULT IN SUSPENSION OR REVOCATION OF YOUR BUSINESS LICENSE AND IS A CLASS “B” MISDEMEANOR.

I HAVE READ AND UNDERSTAND, AM IN COMPLIANCE WITH, AND WILL REMAIN IN COMPLIANCE WITH, THE CONDITIONS OF THE LAND USE ORDINANCE 2008-04; CHAPTER 24 - HOME OCCUPATIONS, AND CHAPTER 6 - PARKING REQUIREMENTS.

Print Name __________________________________________

Signature of Applicant ___________________________ Date __________

I understand that falsifying any information on this form constitutes sufficient cause for rejection or revocation of my business license. I also understand that the Town Clerk may require additional information as permitted by ordinance, and also agree to supply the same as part of this form.

Authorized Representative

Signature ___________________________ Date __________

“Authorized Representative” shall mean: a) a responsible corporate officer, if the User is a corporation (i.e. a president, secretary-treasurer, or vice-president of the corporation, or the manager of one or more manufacturing, production or operation facilities, with authority to sign documents); b) a general partner or proprietor if the Industrial User is a partnership or proprietorship respectively; or c) a duly authorized representative (written authorization and written change of authorization are required) of the corporation, general partnership or proprietorship.

Applicant's signature indicates agreement to conduct the business in compliance with listed uses, Zoning Ordinance and all Ordinances that are applicable to the type of business being conducted. Applicant's signature further indicates the applied for use will not violate covenants, conditions and restrictions or other deed restrictions affecting the use of the property involved.

Deadline for filing business license renewal is February 1, 2019. Beginning February 2, 2019, a late charge will be assessed.

**BUSINESS LICENSE EXPIRES ON December 31, 2019**

For Town Use Only

Current Zoning: __________________________________________

Clerk / Recorder ___________________________ Date __________