



TOWN OF LEEDS
218 NORTH MAIN STREET
PO BOX 460879
LEEDS, UT 84746-0879
PHONE: 435-879-2447

It is time to renew your home occupation business license if you will be operating a business in Leeds in 2022. Doing so requires:

1. Completing a Home Occupation Business License Application, available on the Town website at www.leadstown.org under “Forms”, then “Licenses” (if necessary, a printed copy may be picked up at Town Hall during regular Town Hall business hours)
2. Submitting the completed Application, along with all required attachments (if any) no later than February 1, 2022 to the Town Clerk/Recorder

Any business preparing food must have a Permit to Operate and/or annual Health Permit from the Southwest Utah 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.

There is no fee for a home occupation business license applied for on time. Please remember the deadline is February 1, 2022. Beginning February 2, 2022 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.leadstown.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@leadstown.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, 2022.

Sincerely,

Clerk/Recorder, Town of Leeds



Previous License No. _____

TOWN OF LEEDS

2022 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 except 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 Utah 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, 2022. Beginning February 2, 2022, a late charge will be assessed.

BUSINESS LICENSE EXPIRES ON December 31, 2022

For Town Use Only

Current Zoning: _____

Clerk / Recorder

Date

Please see Hurricane Valley Fire Special Service District Forms on the following 2 pages



Home Occupation Business License RENEWAL

Hurricane Valley Fire Special Service District (HVFSSD)

The following information is required by the Fire District
Please Contact them for any questions at (435)635-9562

If no changes have been made to your original application, and you are still in compliance, please sign below. No inspection will be required at this time. HVFSSD does maintain the right to do an inspection if the need arises, with proper notification.

Signature: _____ **Date:** _____



First Time HOME OCCUPATION BUSINESS FIRE INSPECTION HURRICANE VALLEY FIRE SPECIAL SERVICE DISTRICT (HVFSSD)

**The following information is required by the HVFSSD
Please Contact them for an inspection at (435) 635-9562**

Business Name: _____ Date: _____
Business Owner: _____ Business Phone: _____
Business Address: _____ Type of Business: _____
Business PO Box#: _____
Emergency Contact Person and Phone # _____
Email Address: _____

Please describe for us the type of Business being done at/in your home:

Please list any potential hazards that the Fire Department might encounter associated with your Business:

Does your home address meet the town address resolution (2011-04)?

Do you have an ABC type fire extinguisher in your business work area?

Is the fire extinguisher mounted no less than 8 inches from the floor or no higher than 60 inches from the floor?

Is Office equipment on surge protectors? (Not on extension cords)!

Are exits operable and free from obstruction?

Are there any explosives, hazardous materials, and/or flammable liquids /gases involved in this Business?

Date: _____