



# TOWN OF LEEDS

218 N. Main St, PO Box 460879, Leeds, UT 84746  
435.879.2447

FILING FEE: \$25.00 (NON-REFUNDABLE)

Date \_\_\_\_\_ Ck# \_\_\_\_\_

Received by \_\_\_\_\_

Previous License No. \_\_\_\_\_

License # \_\_\_\_\_

## 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:

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

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

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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

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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:

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**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.***

**BUSINESS LICENSE EXPIRES ON DECEMBER 31<sup>st</sup> & MUST BE RENEWED ANNUALLY**

**For Town Use Only**

Current Zoning: \_\_\_\_\_

\_\_\_\_\_  
Clerk / Recorder

\_\_\_\_\_  
Date



# 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 #:

Email Address:

Emergency Contact Person and Phone #

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: