



## Home Occupation License Application

Ogden City Customer Service Center  
2549 Washington Blvd. Suite 240  
Ogden, UT 84401  
Phone: 801-629-8959

Business License # \_\_\_\_\_  
State Sales Tax # \_\_\_\_\_  
State License # \_\_\_\_\_

Property Owner  
 Rental

New Business       New Owner       New Location

DBA Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

E- Mail Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of business owner \_\_\_\_\_

Birthdate \_\_\_\_\_ Driver's License # \_\_\_\_\_ Opening date of business \_\_\_\_\_

Describe business \_\_\_\_\_

Type of organization:     Corporation     Partnership     Proprietorship     LLC

Home occupation businesses must comply with the following guidelines, **even if a business license is not required**:

- The occupation is limited to members of the family who reside on the premises
- The occupation does not require any interior or exterior alterations of the dwelling
- The occupation does not include the sale of commodities which are not produced on the premises
- The occupation does not use any accessory building, yard, or space outside of the main building not normally associated with residential use; it may include child day care of not more than eight (8) children
- The occupation does not include any wholesale and/or retail sales of commodities

Section 10-1-203 of the Utah Code provides that a municipality may not charge any fee for a resident of the municipality to operate a home-based business, unless the combined offsite impact of the home-based business and the primary residential use materially exceeds the offsite impact of the primary residential use alone.

I, We, \_\_\_\_\_ hereby acknowledge that I have read understand the ordinance requirements applicable to Home Occupation and agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and understand that it is unlawful to make any false statement, declaration, or report as required in this application.

Date \_\_\_\_\_

Signed by \_\_\_\_\_

Planning	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	By: _____	Date _____
Fire	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	By: _____	Date _____
License	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved	By: _____	Date _____



## Home Occupation Contact Information

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Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City Ogden State UT Zip \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Residence phone \_\_\_\_\_

1<sup>st</sup> Person to Contact \_\_\_\_\_ Residence Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2<sup>nd</sup> Person to Contact \_\_\_\_\_ Residence Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_