



License Number: _____

Washington City Recorder's Office

111 North 100 East
Washington, Utah 84780

(435) 656-6356
washingtoncity.org

APPLICATION FOR BUSINESS LICENSE

Business Name: _____ Phone: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Website: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Name of Applicant: _____ Phone: _____

Applicant Address: _____

City: _____ State: _____ Zip: _____

Type of Business to be conducted: _____

State Sales Tax Number (if applicable): _____ Dept of Commerce Entity Number: _____

Professional License Number (if applicable): _____ Federal Identification Number: _____

Number of Employees: Full-Time: _____ Part-Time: _____

I understand that falsifying any information on this application constitutes sufficient cause for rejection of my application or revocation of my license. I also understand that the City Business License Officials may require additional information as permitted by the City Business License Ordinance, and I agree to supply the same upon request as part of this application.

Signature of Applicant: _____ Date: _____

LICENCE FEES:	
FOR OFFICE USE ONLY	
Regular Business License	\$50.00
Home Occupations	\$50.00
Video Games and Amusement Devices	\$100.00
Banks, Savings & Loans, Pawn Brokers	\$100.00
Alcohol License	\$500.00
Full-Time Employees (over one employee)	\$10.00
Part-Time Employees	\$5.00
➤ A minimum of ½ year license fee required to new businesses applying after July 1 of the current business year ➤ License fee is due and payable by January 31 of the current business year. Delinquent penalty of 50% of the license fee will be assessed as of February 15.	
➤ _____ + _____ + _____ = _____ <div style="display: flex; justify-content: space-between; width: 100%;"> License Fee Number of Employees Alcohol (if applicable) Total Fees Due </div>	



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HOME OCCUPATION
Checklist and Agreement of Terms

HOME OCCUPATION: Any use conducted entirely within a dwelling and carried on by persons residing in the dwelling unit. This accessory use shall be clearly incidental and secondary to the use of the dwelling for dwelling purposes and shall not change the character thereof. The dwelling shall be the principal residence of the occupants. The home occupation shall not include any display, stock in trade, employees or the use of advertising except as provided herein. The home occupation shall not involve the use of any accessory building or yard space outside the main building.

Description of business: What will take place in the home? What equipment will be used? What materials will be sold?):

By Signing this application, the applicant certifies the following:

- The home occupation is owned & operated by a person who resides in the home where the business is located.
- The applicant will be the primary provider of the labor, work, or service provided in the home occupation.
- There will not be more than 100 square feet inventory or other merchandise to be stored on the premise.
- There will not be outside storage.
- Tools, 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.
- The home occupation will not generate pedestrian or vehicular traffic, or parking in excess of what is customarily in a residential location?

Any exception by approval of the Zoning Department.

- Other than the business owner's personal transportation, there will not be vehicles or equipment stored on the property.

Any exception by approval of the Zoning Department.

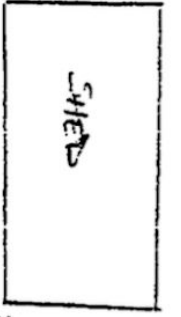
NOTICE: Failure to comply with the above conditions can result in suspension or revocation of your business license and is a Class "B" misdemeanor.

Required Document: Site Plan showing parking, location of vehicles/equipment, existing buildings, access and floor layout indicating office.

Applicants Signature: _____ **Date:** _____

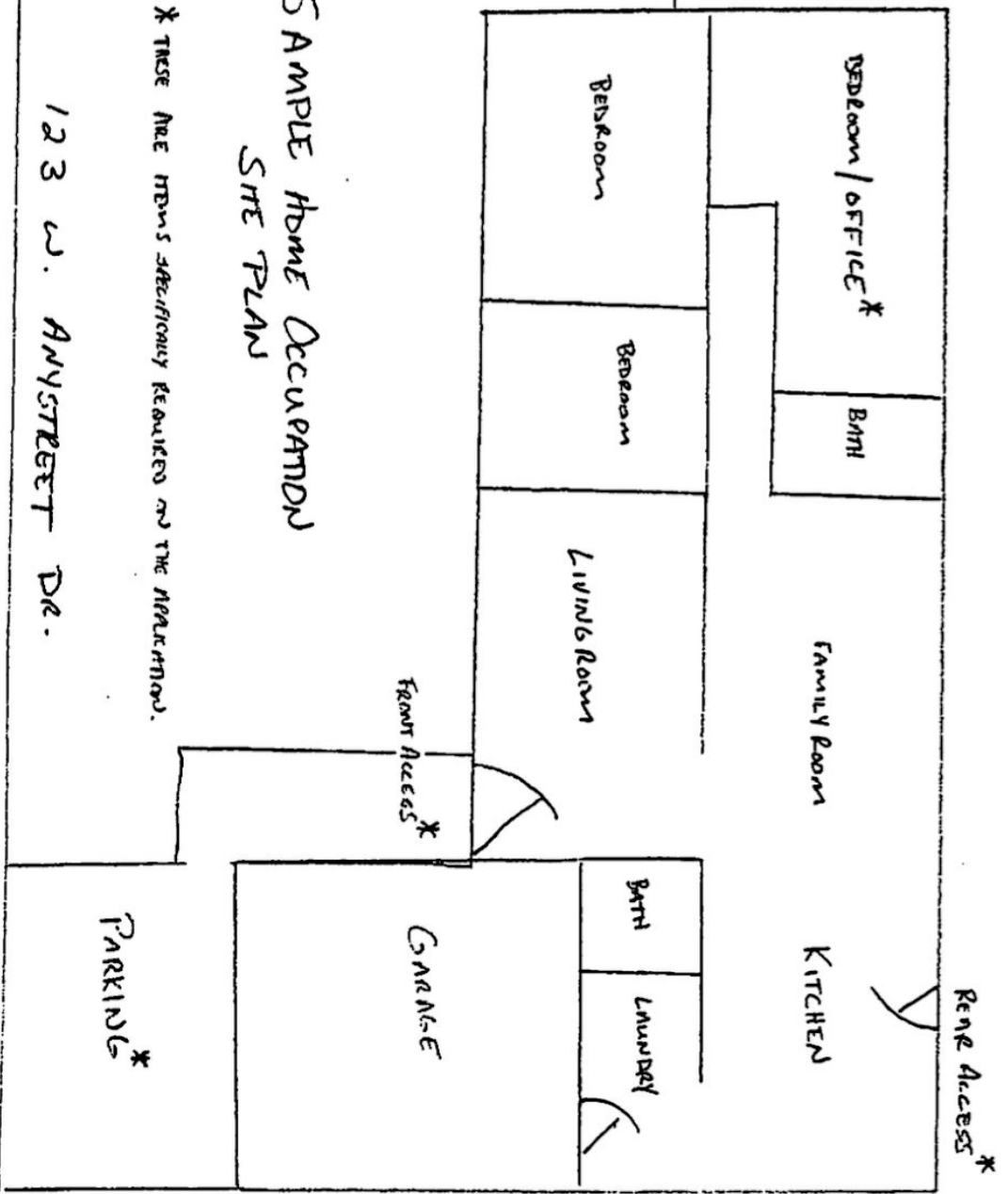
Zone: _____ **Verified By:** _____ **Zoning Department:** _____

City Recorders Office: _____ **Date:** _____



*

FENCED BACKYARD



SAMPLE HOME OCCUPATION SITE PLAN

* THESE ARE ITEMS SPECIFICALLY REQUIRED BY THE MUNICIPALITY.

123 W. ANY STREET DR.