



# HOME OCCUPATION BUSINESS LICENSE APPLICATION

Community & Economic Development Dept. • 437 N Wasatch Dr. • Layton, UT 84041  
Phone: (801) 336-3788 • Fax: (801) 336-3789 • [www.laytoncity.org](http://www.laytoncity.org)

LICENSE #

## BUSINESS INFORMATION

**Business Status** (check all that apply):  New Business  Location Change (within Layton City)  Name Change  Ownership Change  
**State Registration** (check all that apply):  DBA  Sole-Proprietor  Corporation  Partnership  Limited Liability  Non-Profit

APPLICATION DATE: \_\_\_\_\_ TENTATIVE OPENING DATE: \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_ **DBA NAME:** \_\_\_\_\_

Has this name been registered with the State of Utah, Commerce Department?  Yes  No If no, please apply at [www.business.utah.gov/registration](http://www.business.utah.gov/registration)

**OWNER NAME:** \_\_\_\_\_ **ADDITIONAL OWNER(S):** \_\_\_\_\_

**LOCATION OF BUSINESS:** Physical Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**(If renting, you must provide a signed Layton City Property Owner/Manager Approval Of Business Form)**

**MAILING INFO:** Address: \_\_\_\_\_ Apt./Unit #: \_\_\_\_\_

(if different) City, State Zip: \_\_\_\_\_

Have you previously operated a business in Layton City?  Yes  No

If Yes, Business Name: \_\_\_\_\_ Year(s): \_\_\_\_\_ Address: \_\_\_\_\_

**TYPE OF BUSINESS:**  Wholesale  Service  Office/Professional  Daycare/Preschool - # of Children \_\_\_\_  Other: \_\_\_\_\_

State Sales Tax #: \_\_\_\_\_ EIN/Federal Tax #: \_\_\_\_\_

State License # (DOPL): \_\_\_\_\_ State License (DOPL) Type: \_\_\_\_\_

Describe Your Business In Detail (attach additional sheet if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### \*\*PUBLIC INFORMATION POSTED ON LAYTON CITY'S WEBSITE\*\*

Layton City posts the Name, Address and Business Phone Number of all its local businesses on the [www.laytoncity.org](http://www.laytoncity.org) website. Some businesses prefer not to have all their business information available to the public.

Please check all information you would **NOT** like made available to the public. (If no boxes are marked, all information will be posted.)

Business Name  Primary Business Phone Number  Business Address

## COMPLIANCE QUESTIONS AND STATEMENTS

**A home occupation shall be considered an accessory use and shall meet all the following provisions.**

(By initialing each box after reading and completing each section, you agree to comply with all of these provisions):

The occupation shall be limited to members of the family who reside within the home. (No outside employees permitted to work within the home.)  
• Who will conduct the business? \_\_\_\_\_  
• Relationship to owner? \_\_\_\_\_

The occupation shall involve the use of no more than one (1) room in the dwelling or the equivalent of twenty (20) percent of the ground floor area, whichever is greater.  
• What is the total living area of your home? \_\_\_\_\_ (square feet)  
• What is the size of the room to be used? \_\_\_\_\_ (square feet)

Home pre-school/daycare shall meet all state, City and building code requirements for the number of children allowed. If there are conflicts with any regulations, the more restrictive requirements shall apply. (See Layton City Residential Day Care Plan Review Packet)

**COMPLIANCE QUESTIONS AND STATEMENTS CONTINUED....**

- No home occupation shall carry on activities outside of the dwelling not normally associated with residential use, (except outside private swimming pools or tennis courts may be used for instruction and play areas for daycare/pre-schools).
- No portion of any home occupation shall be conducted in the attached or detached garage or carport section of the dwelling nor shall the use of any accessory building, yard space or storage be allowed. NOTE: Minimal storage is allowed within the same room as the business is to be conducted.
  - Please describe this storage: \_\_\_\_\_
- All outside home occupation activities shall be within fenced yard spaces.
- The occupation shall be conducted in such a manner that the average neighbor, under normal circumstances would not be aware of its existence.
- The occupation shall not be associated with noise, dust, odors, noxious fumes, glare or other nuisances' which are discernable beyond the premises.
  - What are the hours of operation? \_\_\_\_\_
- No objectionable traffic or parking shall be allowed around the premises.
  - Will there be customers?  Yes  No      • How many per day? \_\_\_\_\_
  - Describe where customers will park: \_\_\_\_\_
- No occupation shall create a hazard by using flammable explosives or other dangerous materials.
- The occupation shall include no window displays and signage shall be limited to an identification sign which does not exceed four (4) square feet, located on a single wall or window.
  - Please provide signage dimensions and location (if one is desired): \_\_\_\_\_
- There shall be no [visible] display, nor stock in trade, nor employees.
- Vehicles associated with home occupation shall be limited as follows:
  - a. Two (2) passenger cars, vans or pick-up trucks; or
  - b. One (1) large truck not to exceed one and one half tons; [and] or
  - c. One (1) trailer located out of the right-of-way and behind the front setback of the residential structure
- This application shall be reviewed by the Community Development Director for approval. The decision may be appealed to the Board of Adjustment. Such appeal shall be applied for within 30 days of the Community Development Director's decision. If the Board of Adjustment approves the application, the Community Development Director shall issue a Home Occupation Permit.
- The Community Development Director may revoke the Home Occupation Permit for violation of any provision of this code (19.06.030).
- Inspections may be performed without notice to ensure compliance to this ordinance.

**APPLICANT'S AGREEMENT**

**This form is an application for a business license. The actual license will be issued only when the business is in compliance with all local, state, federal, fire and building codes and all inspections are completed and signed off by the various City departments. Missing or incomplete information on this application may significantly increase approval time.**

**It is unlawful for any person either directly or indirectly to conduct or operate any business or nonprofit enterprise or to use in connection therewith any vehicle, premises, machine or device in whole or in part, without first obtaining a license to do so and without keeping such license in effect at all times during the conduct or operation thereof. (Layton City Municipal Code 5.04.020-1)**

**No business license shall be transferred from one person to another, nor from one location to another. (Layton City Code 5.04.130)**

**I, the undersigned, hereby agree to conduct said Home Occupation strictly in accordance with all Layton City codes governing such business, and swear under penalty of law that the information contained herein is true and correct to the best of my knowledge. I understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. I also acknowledge the responsibility to renew the Layton City business license within 15 days of my expiration date. A \$40 late fee will be assessed 16 to 45 days after expiration and a \$65 late fee will be assessed 46 days after expiration.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Print Your Name:** \_\_\_\_\_

**OFFICE USE ONLY**

Revised 05/17/11

Planning Division: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
Building Division: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
Licensing Officer: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_  
Zoning District: \_\_\_\_\_ Conditional Use Permit Required?  Yes  No  
Reason/Comments: \_\_\_\_\_  
\_\_\_\_\_

Receipt #: \_\_\_\_\_ License # \_\_\_\_\_  
Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Type of Payment:  
 Cash  Check # \_\_\_\_\_  Credit Card