



Home Business License Application

CITY OF CEDAR HILLS

10246 N Canyon Road, Cedar Hills UT 84062 • www.cedarhills.org
Phone: 801-785-9668 • Fax: 801-796-3543

BUSINESS INFORMATION

Business Name: _____ Phone: _____

Business Address: _____ Business Email: _____

City: _____ State: _____ Zip: _____ Fax: _____

Mailing Address with City, State, Zip (if different): _____

TYPE OF BUSINESS

Home Office

Home Business

Day Care/Child Care

Pre-School

WITHOUT public, clients, or non-residing employees

WITH public or non-residing Employees #of Employees _____

of Children _____ (Background check required)

of Children _____ (Background check required)

Would you like your business information published on the city's website (business name, phone number, contact name and type of business)? () YES () NO If yes, please include the website URL here with a short description of your business:

Hours of Operation, if applicable: _____ Total Sq. Ft. of Residence: _____ Total Sq. Ft. Occupied by Business: _____

Business Entity/Registration #: _____ Federal License #, if applicable: _____

Business Sales Tax #, if applicable: _____ State License #, if applicable: _____

State Registration (check one): () Corporation () Partnership () Sole-Proprietor () LLC () LP () LLP

**Your state and Federal licenses (if applicable) and Business Entity/Registration must be current.

General Description of Business Activity: _____

BUSINESS OWNER INFORMATION

Owner's Name: _____ Home Phone #: _____

Owner's Address: _____ City/State/Zip: _____ Cell #: _____

Date of Birth: _____ Driver License # and State: _____

**At checkout you will be prompted to upload a copy of your driver license.

Emergency Contact & Phone (not of your household): _____ Contact Phone: _____

PLEASE COMPLETE ALL PORTIONS OF THIS APPLICATION TO AVOID DELAY IN REVIEW & APPROVAL.
INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR COMPLETION.

HOME BUSINESS LICENSE FEES

Base License Fee \$ 65.00
First-time Setup Fee \$ 20.00

Fee Calculation Subtotal \$ 85.00

If you have a home business that has clients, customers, or non-residing employees, you will need a Safety Inspection.

Enter Safety Inspection Fee (\$25) \$ _____
(if applicable)

FEE CALCULATION TOTAL \$ _____

- 1. Is the home occupation conducted entirely within the living area of the dwelling? (No garage, accessory building, or yard space allowed.) YES NO
- 2. Will an identification sign be displayed for the home occupation? (Contact Building Department for required permit.)
 YES NO
- 3. Will chemicals or mechanical equipment be used or stored? YES NO
- 4. Will commercial vehicles be located on the premises? YES NO
(If yes, see Section 3, 3-1B-1, A5.)
- 5. Manufacturing of any product? YES NO If yes what type: _____
- 6. Is there any exterior storage of materials or supplies? YES NO
- 7. Do you deal primarily with children or the elderly? YES NO (If yes, Background Check is required)
- 8. Is the home occupation conducted in your basement? YES NO (Requires approval from Building Official)

****Businesses whose primary purpose is providing services to minors or the elderly will need to submit a *current* background check from the Utah State Dept. of Safety. Their phone number is (801) 965-4445. For more information visit the Utah Department of Public Safety BCI website: www.bci.utah.gov**

****All preschools, daycares, and assisted living centers will also need to contact the Lone Peak Fire Department at 801-763-5365 to schedule a yearly fire inspection. This will be done at no charge.**

Have questions about Business Licensing? - Please call 801-785-9668 ext. 400 or email: businesslicensing@cedarhills.org

I, the undersigned, clearly understand and am fully aware of the regulations and restrictions for operating a Home Business, as stated in the supporting ordinance provided to me. I do hereby agree to abide by these regulations and restrictions in the operation of my business. I understand that my business may be inspected by an authorized representative of the City of Cedar Hills for compliance with these regulations. I also understand that this license may be revoked due to violation of the provisions of the City of Cedar Hills Code.

Business Owner's Signature: _____

Date: _____

Your business is an important and welcome part of our community.

FOR OFFICE USE ONLY:

Date Approved: _____ Approved by: _____

Amount Paid: _____

Choose: () CASH () CHECK () CREDIT CARD _____

BCI and or License _____

Safety Check List _____

Building Official _____

Notes: _____