



MAJOR
HOME OCCUPATION
LICENSE
APPLICATION

Date: _____
Paid: _____ C/CC/CK
License #: _____

THIS IS ONLY AN APPLICATION. THE LICENSE WILL NOT BE ISSUED UNTIL REVIEWS ARE COMPLETE.

BUSINESS INFORMATION			
<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC		Utah State Sales Tax #:	
Business Name/DBA:		Business Phone:	
Physical Address:		Mailing Address if different:	
Email:	Website:	Fax:	
Business Description:			
Property Owner Name:		Address:	Phone:
Emergency Contact Name:		Address:	Phone:
APPLICANT INFORMATION			
Name:		Phone:	
Address:		Email:	
ADDITIONAL INFORMATION			
Will your business have vehicles used for the Major Home Occupation? If yes, where will they be parked?			
Does your business require a Utah Division of Occupational License? __Yes __No If so, what type and license number:			
Will your Major Home Occupation have employees? If yes, explain:			
Does your Major Home Occupation involve the sale of tangible products? If yes, explain:			
Will your Major Home Occupation have customers coming to the house? If yes, explain:			
Will your Major Home Occupation disturb the neighborhood by reason of color, design, materials, construction, lighting, sounds, noises or vibrations? If yes, explain:			
APPLICANT AGREEMENT			
<p>This form is an application for a business license. The actual license will be issued only after this business is in compliance with all City, State, Federal, Fire and building codes and ordinance an all inspections are completed and approvals given. Missing or incomplete information on this application may significantly increase the time needed for approval. Operating without a business license is a Class B Misdemeanor, with each day of noncompliance constituting a separate violation.</p> <p>I, the undersigned, hereby agree to conduct said Business strictly in accordance with all Vernal 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 an applicable license and issuance of any other penalties as provided by law. I acknowledge my responsibility to renew my Vernal City Business License and pay any and all late fees, if applied.</p>			
Applicant Signature: _____		Date: _____	
ADMINISTRATIVE ACTION (for office use only)			Date Received:
Fee:	Health Dept. needed: __Yes __No	Parcel ID:	Zone:
Planning Department Signature:			Date:
Fire Inspector Signature:			Date:
Business License Clerk:			Date: