LOGAN CITY UNITED IN SERVICE COMMUNITY DEVELOPMENT	**DEPARTMENT OF COMMUNITY DEVELOPMENT** **BUSINESS LICENSING DIVISION** 290 North 100 West, Logan, UT 84321 P: (435) 716-9006 F: (435) 716-9001 www.loganutah.gov businesslicense@loganutah.gov	**CATEGORY (Office Use):** ☐ Not Exempt ☐ Exempt – Admin Fee **ZONING:** ☐ Single Family (SF) ☐ Multi Family (MF)	**TYPE:** ☐ New Application ☐ Application Amendment ☐ Location ☐ Name/Ownership ☐ Business Description

HOME OCCUPATION APPLICATION

For businesses operating from a permanent physical residence in Logan City limits

License No.: _____

Date Received: _____

SECTION I: BUSINESS INFORMATION

Business Name*: _____

DBA (Doing Business As)*: _____

*Register Business Name at corporations.utah.gov (Business Name must be registered or current unless using a personal name.)

Business Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Business Phone: _____
*Public Information

Business Email: _____

Website: _____

Utah State Tax Commission Sales Tax Number*: _____
*Apply at tax.utah.gov (New Business, Change Business location, or add additional Business Location) Logan City Location Code is 03038

State and/or Federal Regulatory License(s) (This is NOT the FEIN number) It is a DOPL #, Bar #, Real Estate #, or any other professional licensing (Please include agency name and number) Website: dopl.utah.gov

License 1: _____ **License 2:** _____

SECTION II: USE AND IMPACTS

Home Occupation Use

Number of employees on-site other than residents of the home: _____

Number of on-site customers per day: _____

Number of on-site customers per week _____

Business use at residence will include (mark all that apply):

☐ Home office only
☐ Use of a garage/accessory building
☐ Storage of supplies, material, or equipment
☐ Vehicle (Type): _____
☐ Other (Specify): _____

Total sq. ft. of the residence: _____

Total sq. ft. of the business: _____

Rental dwelling homeowner permission: Include written permission and contact information with application.

Parking:

Employee(s) – Onsite parking only (no off-site/street parking).

Customer(s) – Onsite parking, off-site/street parking requires a parking plan and (MF ZONES) may require Conditional Use Permit (CUP).

Equipment – No onsite parking of Commercial equipment, vehicles, trailers, etc. (Exception: Personal Vehicles which function as a work vehicle)

Impact Checklist:

Per State statute, home occupations may be exempt from licensure if the offsite impacts of the use of the home as a home occupation do not exceed the impacts of the primary residential use alone. An administrative fee is charged for exempt home occupations that request a license.

Complete the following checklist related to potential home occupation impacts. Other factors not listed here may be used to determine impacts of the home occupation.

This business includes (Check items that apply):

☐ Storage of supplies, material, or equipment at the residence
☐ Storage of a work vehicle or trailer
☐ Employees that are not residents of the homes working on-site or parking at the residence
☐ Customers coming to residence.
☐ Noise that reaches adjacent properties
☐ On-site use of tools or equipment

SECTION III: BUSINESS DESCRIPTION

SECTION IV: OWNERSHIP & CONTACTS (MUST HAVE AT LEAST ONE APPLICATION CONTACT AND ONE EMERGENCY CONTACT)

Owner/Applicant Name: _____

Home Address: _____
Street City State Zip

Phone:_____ Email: _____

Date of Birth:_____Driver Lic. #_____(ST____) or Passport # _____

Contact Role(s) mark all that apply:
- ☐ Business Ownership
- ☐ Application Contact
- ☐ Accounts Payable
- ☐ Other_____

Other Contact Name: _____

Home Address: _____
Street City State Zip

Phone:_____ Email: _____

Date of Birth:_____Driver Lic. #_____(ST____) or Passport # _____

Contact Role(s) mark all that apply:
- ☐ Business Ownership
- ☐ Application contact
- ☐ Accounts Payable
- ☐ Emergency contact
- ☐ Other_____

SECTION V: AMENDMENT (FILL IN APPLICABLE INFORMATION)

Previous Business Name: _____

Previous Business Location: _____

SECTION VI: NOTIFICATIONS AND VERIFICATION OF AUTHORITY

1. **Mandatory review process - <u>This application does not constitute a business license</u>**. <u>All</u> applications are subject to the review process mandated by Title 5 of the Municipal Code. **<u>Incomplete applications will not be processed.</u> <u>Decisions on applications will take 15 business days (minimum</u>**), and are made based on:
   (i) the information provided on the application materials, and
   (ii) reviews inspections performed, as required.
2. **Additional Requirements -** Under the Municipal Code, additional Business License application requirements are necessitated for some business types.
3. **Denial of License -** Application denial or subsequent license suspension or revocation are most often the result of:
   (i) an inaccurate or incomplete application, or failure to update information with the division, and/or
   (ii) non-compliance with the Municipal Code, Land Development Code, and/or applicable building, fire, and environmental codes.
4. **Other regulatory bodies -** It is the applicant's responsibility to determine and comply with any requirements from other regulatory agencies.
5. **Signage -** Permanent signage requires a separate Sign Permit application, which is administered by the Division of Planning and Zoning (435-716-9036).
6. **Building alterations -** All alterations to buildings or spaces, including electrical, plumbing, and mechanical alterations, require a separate building permit and compliance inspection as established by Logan Municipal Code. Building permits are administered by the Division of Building and Safety (435-716-9030).
7. **Officer background checks -** The application process may include a Logan Police local background check for each business principal or officer.

Privacy Policy

Information provided may be private subject to Utah law.

Privacy Notice

bit.ly/LoganUtahPrivacy

I affirm that: (i) I am an authorized agent of the parent entity over the event or business for which application is being made, and (ii) the information on this form and on all application, materials is both complete and accurate to the best of my knowledge.

_____ _____ _____
Signature Print Name Date

SECTION VII: APPLICATION FEES

Home Occupation: $75 Fire Administrative Fee (If required): $75 Exempt Home Occupation Administrative Fee: $50