



Home Occupation License Application 2011

Ogden City Customer Service Center
2549 Washington Blvd. Suite 240
Ogden, UT 84401
Phone: 801-629-8959

- Business License # _____
- State Sales Tax # _____
- State License # _____

- New Business New Owner New Location

DBA Name _____

Business Address _____

City _____ State _____ Zip _____

Business Phone _____

E- Mail Address _____

Mailing Address _____ City _____ State _____ Zip _____

Name of business owner _____

Birthdate _____ Drivers license # _____ Opening date of business _____

Describe business _____

- Type of organization: Corporation Partnership Proprietorship LLC

Home Occupation: The use of a portion of a dwelling as an office, studio or work room for occupations which are customarily conducted in the home that are incidental to the primary use as a home or residence, provided additionally, that: (a) the occupation is limited to members of the family who reside on the premises; (b) such occupation shall not require interior or exterior alterations; (c) the occupation shall not include the sale of commodities which are not produced on the premises; and (d) the occupation shall not use any accessory buildings, yard or space outside of the main building not normally associated with residential use. It may include child day care of not more than **(8) children**; and e) wholesale and /or retail sales of commodities are not permitted directly from the home.

Preschool: Home occupation furnishing teaching for no more than **(8) children** between the ages of 3 and 6, where teaching these children is carried out in a structured format for not more than 4 hours per session during normal daytime working hours and not on weekends. No child in a preschool shall be taught more than 1 session per day.

I, We, _____ hereby acknowledge that I have read understand the ordinance requirements applicable to Home Occupation and agree to conduct said business strictly in accordance with the Laws and Ordinances covering such business, and understand that it is unlawful to make any false statement, declaration, or report as required in this application.

Date _____

Signed by _____

Official Use Only: Zone _____ Census Track _____ Traffic _____ PlanningCommunity _____

Planning Approved Not approved By: _____ Date _____

Department Approved Not approved By: _____ Date _____

License Officer Approved Not approved By: _____ Date _____

White - Business License Pink - Fire Gold - Health

License Fees:

Base license fee \$ _____

Other fee \$ _____

Total fees \$ _____

Penalty \$ _____

Total due \$ _____