



## **COMMUNITY DEVELOPMENT**

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# **HOME OCCUPATION**

**MINOR  
CONDITIONAL USE PERMIT  
(Business within the Residential Dwelling/Home)**

# **BUSINESS APPLICATION**

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20 North Main Street, P.O. Box 1005, Brigham City, Utah 84302

Phone 435-734-6617

## GENERAL LICENSE INFORMATION AND CONTACT LIST

Brigham City welcomes and encourages commercial and home occupation businesses. There are many benefits to the City and its residents from the presence of a variety of business types.

**Brigham City requires licensing of all businesses** which engage in any activity resulting in compensation or other consideration derived from carrying on any business, trade, profession, craft, occupation, commerce or sales of tangible personal property or services, or both. Licenses are required for all occupations based at locations within Brigham City limits or which carry on business here.

**All applicable City, County, State and Federal laws must be complied with concurrently while licensed by Brigham City.**

**State Requirements:** Certain types of occupations and professions require a State regulatory license in addition to the local business license. To find out if a State license is required, call *The Division of Occupational and Professional Licensing* at **(801) 530-6628**.

**Federal Requirements:** Businesses may also be regulated by the Federal Government, such as those dealing in alcohol, tobacco, firearms, hazardous materials or waste, radio, satellite and television communications, etc., and the appropriate Federal offices should be contacted for assistance, if applicable.

**Information Requirements:** The *Business Licensing Division of Brigham City* cannot accept a business license application until certain key requirements have been satisfied, including acquisition of government identification numbers. We have provided a brief outline of those basic requirements and how to complete them on the following pages along with a *Contact List* of key agencies and people available to help you with your business structure needs. The City Business License office also provides several resources of information, designed to help get you going in the right direction while establishing or relocating your business to our community.

We look forward to helping you and wish you the best with your business endeavors.

## **Business Structure Outline:**

1. **Establish your business structure.** Sole proprietorships and general partnerships need only register the DBA, as identified under #3 below. All other business structures, including limited partnerships, limited liability companies and corporations of any kind establish their business structures by filing required paperwork with the *Division of Corporations and Commercial Code*. Business structures originating outside Utah must register their structure in Utah, as well.

If you need both State and Federal numbers, the fastest method is to go in person to the State Tax Commission office in Salt Lake City. If only State numbers are needed, they can be obtained at any *State Tax Commission* location and at the *Department of Commerce*. The basic forms (TC-69, DBA and SS-4) are available in our office or you can call the offices directly to have the forms mailed to you within a few days. If you submit the completed forms by mail, the turnaround time is 6-8 weeks, so you are encouraged to take them in, or fax/email them.

**To file the SS-4 only (IRS):**

**Phone:** 1-800-829-1040

**Mail:** Entity Control  
Mail Stop 6271  
PO Box 9941  
Ogden, UT 84201

**Fax:** (801) 620-7115

**Re: DBA/business structure:**

**Department of Commerce**

**Phone:** (801) 530-4849

**Toll Free:** 1-877-526-3994

**Fax:** 801-530-6438

160 East 300 South, 2<sup>nd</sup> Floor  
SLC, UT 84111(in the Heber Wells Bldg)

**[www.corporations.utah.gov](http://www.corporations.utah.gov)**

**EMAIL:** corpucc@utah.gov

**To file TC-69 and other forms:**

**Utah State Tax Commission**

**Phone:** 1-800-662-4335 (SLC)

**Ogden Office**

2540 Washington Blvd, 6<sup>th</sup> Floor  
Ogden Regional Center  
Ogden, UT 84401

**Phone:** 801-626-3460

**Fax:** 801-626-3446

**Or**

**SLC Office**

210 North 1950 West

SLC, UT 84134

**Phone:** 801-297-2200

**Fax:** 801-297-7699

**[www.tax.utah.gov](http://www.tax.utah.gov)**

2. **Obtain your Federal Employer Identification Number (FEIN or EIN).** Businesses must have a Federal Identification Number *unless* owned by a sole proprietor with no employees. The **SS-4** form is necessary to acquire this number. You will need to apply for and receive the FEIN before submitting the TC-69 to the State. Your FEIN should be on your business license application unless you are a sole proprietor with no employees.
3. **Register your business.** A sole proprietor using only his or her complete legal personal name is exempt from State registration. Each business name or **DBA** ("Doing Business As") of a sole proprietor or general partnership must be registered. The name of any corporation, limited partnership or limited liability company is registered with the filing of the business structure documentation. If a name is used other than the one filed, each other business name must be registered as a DBA of the established entity. For assistance or to verify that the name is available for your use, call the *Utah Division of Corporations and Commercial Code* at (801) 530-4849 or **use the Division's OneStop online business registration feature.**

To access **OneStop**, go to [www.corporations.utah.gov](http://www.corporations.utah.gov). Click on the *OneStop* logo in the bottom center of the page. The program will guide you through the steps. The associated fees must be paid by card during the process.

If online access is unavailable, use the **TC-69** form or the **Business Name Registration/DBA Application form**. The form may be faxed, emailed, or brought to the *Department of Commerce* in person.

4. **Acquire State Tax Commission numbers.** Businesses must obtain a **Sales & Use Tax** number to collect and remit to the State taxes on the rental or retail sale of items, taxable services and various out-of-state purchases. Businesses which have employees and certain business structures must obtain a **State Withholding number**. Use the **TC-69 form** to acquire those numbers. Contact the *Utah State Tax Commission* at 1-800-662-4335 for assistance. If required for your business operation, these numbers must be on the business license application when submitted.
5. **Health Department permits.** If your business incorporates the manufacturing, preparation and sale of food items, or is identified as an eating place such as a restaurant, you will need to contact the appropriate divisions of the *Health Department* and complete their requirements. A sign off from the *Health Department* will be required on the business license application, if applicable to your business.
6. **Department of Agriculture and Food (UDAF) permits.** All businesses selling pre-packaged foods must contact The *Department of Agriculture* for a permit. Among those businesses requiring a *UDAF* permit are grocery stores, convenience stores, bakeries, and businesses selling pre-packaged foods. Plant nurseries, home cottage businesses that prepare and package food, bee hive/honey production businesses, farmers markets, and food labeling also must obtain permits from UDAF.

## **Contact List:**

### **Brigham City Contacts:**

Carolann Chalfant, Business License Specialist  
(435) 734-6617  
[cchalfant@brighamcity.utah.gov](mailto:cchalfant@brighamcity.utah.gov)

Mark Bradley, City Planner  
(435) 734-6616  
[mbradley@brighamcity.utah.gov](mailto:mbradley@brighamcity.utah.gov)

Michael Young, Fire Marshall  
(435) 226-1411  
[myoung@brighamcity.utah.gov](mailto:myoung@brighamcity.utah.gov)

Tony Ekins, Associate City Planner  
(435) 734-6619  
[tekins@brighamcity.utah.gov](mailto:tekins@brighamcity.utah.gov)

**Box Elder County Contacts:**

Scott Lyons, Box Elder County Planner  
(435) 734-3316  
[scottlyons@boxeldercounty.org](mailto:scottlyons@boxeldercounty.org)

Carlos Linares, Director  
Weber State Small Business Development Center  
2314 Washington Blvd, Rm. 211, Ogden, UT 84401  
(801) 626-7232  
[carloslinares@weber.edu](mailto:carloslinares@weber.edu)

Wendy English, Director  
Box Elder Small Business Development Center  
Utah State University Brigham City Campus  
195 West 1100 South, Rm. 170 E, Brigham City, UT 84302  
(435) 919-1296  
[wendy.english@usu.edu](mailto:wendy.english@usu.edu)

Heidi Flansberg  
Bear River Health Department  
992 South 800 West, Brigham City, UT 84302  
(435) 734-0845 / (435) 695-2061  
[hflansberg@brhd.org](mailto:hflansberg@brhd.org)

**Brigham City Chamber of Commerce:**

Monica Holdaway, Executive Director  
(435) 723-3931  
[monica@boxelderchamber.com](mailto:monica@boxelderchamber.com)

**State and Federal Contacts:**

Utah State Tax Commission  
210 North 1950 West  
Salt Lake City, UT 84134  
(801) 530-4849, (800) 662-4335  
[www.tax.utah.gov](http://www.tax.utah.gov)

Utah State Tax Commission  
Sales Tax Office 7<sup>th</sup> Floor  
2447 Lincoln Ave.  
Ogden, UT 84401-1305  
(801) 626-3460

Department of Commerce  
Heber M. Wells Building  
160 East 300 South, 1<sup>st</sup> Floor  
Salt Lake City, UT 84111  
(801) 530-4849  
[www.commerce.utah.gov](http://www.commerce.utah.gov)

Utah Department of Workforce Services  
138 West 990 South  
Brigham City, UT 84302  
(866) 435-7414  
(888) 848-0688 Unemployment Ins.  
[www.dws.state.ut.us](http://www.dws.state.ut.us)

Worker's Compensation Fund  
392 East 6400 South  
Salt Lake City, UT 84107  
(800) 446-2667  
[www.wcf-utah.com](http://www.wcf-utah.com)

Utah Department of Agriculture and Food  
Inspector: Blake Millett @ (801) 706-9202  
Home Cottage: Rebecca Nielson @ (801) 538-7152  
Nurseries: Ron Larsen @ (801) 538-7152  
[www.ag.utah.gov](http://www.ag.utah.gov)



# BUSINESS LICENSE APPLICATION

<b>FOR OFFICE USE ONLY</b>	
Issued _____	Approved _____
Business License # _____	Date Rec'd _____
Review Fee <b>(Non Refundable)</b> \$ 20.00	Receipt# _____
License Fee .....\$ _____	Receipt# _____
Other Fees.....\$ _____	Receipt# _____
Total Fee .....\$ _____	Receipt# _____
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Card	Business Code _____
Zoning District _____	CUP # _____

**1. Business Information** - Please type or print clearly     ORIGINAL APP.    CHANGE OF:     ADDRESS     OWNERSHIP     BUSINESS NAME

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone (    ) \_\_\_\_\_ Business Start Date \_\_\_\_\_

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

Federal ID:     SSN \_\_\_\_\_     FEIN \_\_\_\_\_

Sales Tax # \_\_\_\_\_ Utah Corp, LP or LLC #: \_\_\_\_\_

Property Owners Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Property Owners Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Business Organization:     Independent/Sole Proprietor     Corporation     Partnership     Limited Partnership

Limited Liability Company     Profit Corporation     Non-Profit Corporation

Has Brigham City ever licensed the applicant(s)/owner(s)?     Yes     No,    If yes, when? \_\_\_\_\_

Under what business name? \_\_\_\_\_

Describe Business: (Add additional pages as needed)

\_\_\_\_\_  
\_\_\_\_\_

**NUMBER OF EMPLOYEES** \_\_\_\_\_

**2. Check All That Apply**

Note: See Title 14 for Specific requirements. Additional information may be required for specialty licenses.  
Use special forms for Beer, Cabaret, and Sexually Oriented Businesses

- Alarm System     Agriculture Vendor     Apartments     Auction/Auctioneer     Christmas Tree Sale     Collection of Garbage/Waste
- Commercial     Construction Contractor     Cosmetology     Home Occupation (See Home Occ. Form)     Handyman     Pawnbroker
- Solicitor     Outside City Limits     Insurance     Private Police/Detective     Nail Technician     Massage Therapist
- Other     Special Event     Swap Meet     Public Dance     Mechanical Amusement Device

Temporary Merchant License - Location \_\_\_\_\_ Dates of Sale \_\_\_\_\_ Temp. Sales Tax# \_\_\_\_\_



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**3. Business Owner or Agent Information**

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Business Owner's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Or Registered Agent \_\_\_\_\_  
(For Corporation, Limited Partnership, & Limited Liability Company Only)

Drivers License# \_\_\_\_\_ St \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

State License Type (if applicable) \_\_\_\_\_ Lic. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

Office Manager (if applicable) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

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**4. Verification of Accuracy - Acknowledgment of Responsibility**

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Under penalty of perjury, I hereby certify that the information provided for this entire application is complete and accurate. I further certify that updated information will be provided in writing or on a new application, as required, to the Brigham City Business License Division within 30 days of any change to the business, name, organization, or location. I hereby acknowledge that illegal or fraudulent business practices are grounds for revocation of the business license. I (we) further agree to not conduct said business until the license has been approved.

\_\_\_\_\_  
Signature of Authorized Agent/Owner

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Agent/OwnerDate \_\_\_\_\_

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**5. License Fee Calculations**

Note: A list of Licensing Fees and Bond Requirements is available upon request from the Business Licensing Department.

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**6. For Office Use Only**

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**Zoning:**

- Approved by \_\_\_\_\_ Date \_\_\_\_\_
- Temporary License (12 Month) \_\_\_\_\_ Date(s) \_\_\_\_\_
- Land Use \_\_\_\_\_ Date \_\_\_\_\_
- Bonding \_\_\_\_\_ Date \_\_\_\_\_
- Sign Permit \_\_\_\_\_ Date \_\_\_\_\_

**Life/Safety:**

- Temporary (60 Day):  
Inspection \_\_\_\_\_ Date \_\_\_\_\_  
Fire Marshal \_\_\_\_\_ Date: \_\_\_\_\_ Date: From \_\_\_\_\_ To \_\_\_\_\_
- Permanent License:  
Inspection \_\_\_\_\_ Date \_\_\_\_\_  
Fire Marshal \_\_\_\_\_ Date: \_\_\_\_\_

**Bear River Health Dept:**

- Inspected by: \_\_\_\_\_ Date \_\_\_\_\_

**Police Dept:**

- Inspected by: \_\_\_\_\_ Date \_\_\_\_\_

**Other (specify department):** \_\_\_\_\_

- Inspected by: \_\_\_\_\_ Date \_\_\_\_\_

**Other (specify department):** \_\_\_\_\_

- Inspected by: \_\_\_\_\_ Date \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_







**HOME OCCUPATION – MINOR CONDITIONAL USE PERMIT**  
The Business will use any or all of the following:

**If the business is a Home Occupation in Brigham City, please respond to the following questions:**

1. Is it necessary to have clients come to your home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how many do you anticipate? In week? \_\_\_\_\_ In a day? \_\_\_\_\_  
\*If yes, a life/safety and fire inspection will be required.
2. Do you anticipate the need for large delivery vehicles to your home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\*If yes, how often? \_\_\_\_\_ Times per month. What size of vehicle? \_\_\_\_\_ Semi \_\_\_\_\_ UPS
3. Will there be employees for the business, other than the residents of the home? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\*If yes, how many? \_\_\_\_\_ (See City Code Section 29.20.020 – Employees of Home Occupations)
4. Do you plan on or have need for a sign? \_\_\_\_\_ Yes \_\_\_\_\_ No  
\*If yes, please fill out a sign permit application and submit with the business license application.

**Affidavit of Compliance**

I \_\_\_\_\_ have read the Home Occupation Ordinance and do hereby agree to follow the terms and conditions of this and all ordinances pertaining to this home occupation.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**MINOR – CONDITIONAL USE PERMIT – FEE \$50.00 – MAY BE INCREASED TO \$250.00 IF PLANNING COMMISSION REVIEW IS NEEDED.**

**Property Owner Information:**

Name of Applicant: \_\_\_\_\_

Property Owner (If not applicant): \_\_\_\_\_

Property Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number (Applicant): \_\_\_\_\_ Property Owner (If not Applicant): \_\_\_\_\_

**Explanation of Conditional Use:**

1. What is the existing use of the property? \_\_\_\_\_

2. What is the proposed use of the property? \_\_\_\_\_

3. What is the estimated development time schedule? \_\_\_\_\_

**For Office Use Only:**  
Date: \_\_\_\_\_ Application #: \_\_\_\_\_ Existing Zone: \_\_\_\_\_ Fee Received: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Ck#: \_\_\_\_\_

**PROPERTY OWNER**

**\* IMPORTANT - ALL property owners of record MUST sign this form – use additional forms as necessary**

I, (we) \_\_\_\_\_, declare that I, (we) am (are) the owner(s)\* of the property identified in the attached application.

\*May be owner of record, contract owner, party to valid real estate purchase contract, party to valid earnest money agreement, option holder or have other legal control of property.

\_\_\_\_\_  
(Property Owner)

\_\_\_\_\_  
(Property Owner)

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,

- \_\_\_\_\_ who is personally known to me
- \_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_
- \_\_\_\_\_ whose identity I proved on the oath/affirmation of \_\_\_\_\_,  
a credible witness

the signer of the above document, and he/she acknowledged that he/she signed it.

\_\_\_\_\_  
Notary Public

**PROPERTY OWNER PERMISSION**

**\*IMPORTANT - ALL property owners of record MUST sign this form – use additional forms as necessary**

I, (we) \_\_\_\_\_, the owner(s) of the property described in the attached application, give \_\_\_\_\_ permission to use the property listed in the attached application for the purpose named in the attached application.

\_\_\_\_\_  
(Property Owner)

\_\_\_\_\_  
(Property Owner)

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,

- \_\_\_\_\_ who is personally known to me
- \_\_\_\_\_ whose identity I proved on the basis of \_\_\_\_\_
- \_\_\_\_\_ whose identity I proved on the oath/affirmation of \_\_\_\_\_,  
a credible witness

the signer of the above document, and he/she acknowledged that he/she signed it.

\_\_\_\_\_  
Notary Public

## HOME OCCUPATION BUILDING AND FIRE SAFETY CHECKLIST

Note: Questions regarding these requirements may be directed to:  
Fire Marshal (435) 226-1405

### ***Building Safety***

1)	Is the address posted on the building so that it visible from the street? (IRC 325)
2)	Egress System per IRC Sections 311-316 may include but not be limited to the following: a) Are sidewalks and hallways inside and outside the building free from tripping hazards and storage? b) Are steps, ramps, handrails, guardrails and landings in place and maintained as needed?
3)	Storage space under stairs shall have walls, and ceiling protected on the enclosed side with ½" gypsum board. (IRC 314.8)
4)	Are doors openable from inside without the use of a key or any special knowledge or effort such as thumb turn deadbolt? (IRC 311.2)
5)	Are building components being maintained in a safe and orderly manner?

### ***Electrical***

1)	Do electrical panels have a clear working space in front of them at least 30" wide, 36" deep and 6 ½' high for access? (IRC 3305)
2)	Are breakers and electrical disconnects labeled and free of tape or devices that restrict their operation? (IRC 3304.11)
3)	Are openings in panels, junction boxes etc. properly covered or filled? (IRC Chap. 37-38)
4)	Are switches, outlets, lights, all electrical fixtures, appliances and equipment clean and maintained in working order with covers in place and installed properly? (IRC Chap. 37-38)
5)	Are conduits and wires secured, complete and in safe working order? (IRC Chap. 37-38)
6)	Extension Cords and plug strips must be: a) Used only for portable equipment. b) Sized for the ampacity of the equipment, in good condition with proper grounding. c) Protected from physical damage but not run through walls, floors, ceilings or under doors. d) Listed and plug strips having integrated overcurrent protection. (IFC 605 & NEC 400)
7)	Is the grounding system safe and in working order? (IRC 3507-3511)

### ***Mechanical***

1)	Is mechanical equipment installed and maintained? (IRC Chap. 12)
2)	Are combustible materials and construction kept away from heat producing appliances and vents?
3)	Is the equipment accessible for maintenance and repair? (IRC Chap. 13 & 18)
4)	Are pipes, vents and ducts properly supported to prevent damage? (IRC Chap. 16 & 2414)
5)	Are condensate drains piped to a sewer drain for proper disposal?
6)	Are exhaust fans (bathroom, hood etc.) working properly? (IRC Chap. 15)
7)	Is combustion air supplied to fuel burning appliances? (IRC Chap. 17)

### ***Plumbing***

1)	Is the plumbing system properly supported and in good working order? (IRC Chap. 25, 2605)
2)	Are plumbing fixtures maintained, have proper fixture clearance for operation and is the toilet seat finish damaged? (IRC Chap. 25,27)
3)	Water heater: (IRC Chap. 28) a) Is the water heater properly connected to gas and vent system or electrical supply? b) Does the heater have seismic straps? c) Is the pressure relief valve sized correctly (210 F, 150 psi)? d) The drain leg shall be piped so as not to cause personal injury (preferably within 12" of the floor pointing down).
4)	Is the water piping run in approved material? (IRC Chap. 29)
5)	Is sanitary drainage and vent system installed with approved materials? (IRC Chap. 30 &31).

### ***Fire Protection***

1)	Is a minimum 5-lb (2-A:10-B:C) fire extinguisher located in the home at an accessible location, hung on a bracket not more than 5' above the floor to the top of the extinguisher with a Fire Marshal's Inspection Tag attached?
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# Information Sheet

Community Development Division  
20 North Main Brigham City, Utah 84302  
(435)-734-6604

Sheet No. 10  
Revised: January 3, 2018

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## Signs

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### **When I put up a sign do I need a Permit?**

Yes, a permit is required anytime you erect a sign. However, if the value of the sign and installation is \$1,000.00 or more also include the name of the Sign Contractor who will be installing the sign, with their State License number and contact telephone number.

### **If the sign is a pole sign, provide the following:**

Engineered stamped drawings for the sign base and sign.

**If the sign is internally illuminated, it will need to be listed & installed per the National Electrical Code.**

### **Where do I get the Application?**

Brigham City Corporation has the information you will need to obtain a permit. It can be obtained in the Brigham City Offices, second floor in the public works office.

### **Are there additional requirements for downtown businesses?**

Yes. These signs must also comply with Additional Design Guidelines. Please

Schedule with city staff for exact area and requirements.

### **How much is the cost?**

The cost of a sign permit is **\$35.25** min Signs with electrical components or require the building officials approvals with acquire additional charge.

### **What is required?**

Illustration of the sign including the following:

1. Dimensions
2. Type
3. Script
4. Colors
5. Dimensions of the building frontage.
6. Dimensions of the lot frontage.
7. A Site Plan showing the location of the sign.

### **A Valuation cost of the Sign to include the following:**

1. Materials of the sign.
2. Cost of installation.

**The permit will be reviewed and approved by the Community Development Division, after which sign installation may begin. Please call for inspections 24 hrs in advance.**