

CEDAR FORT HOME OCCUPATION INFORMATION

Cedar Fort Ordinance CFO-310-HO-2020, May 2020

Town of Cedar Fort

50 East Center, Cedar Fort, UT 84013 PHONE (801) 768-2147, ext. 8

Please return this form to: Town of Cedar Fort, Attn: Business Licenses, PO Box 389, Cedar Valley, UT 84013

HOW TO APPLY FOR A CEDAR FORT HOME OCCUPATION LICENSE

Note: There are two basic categories of Home Occupations. A **Category 1 Home Occupation** receives no more than a sum total of two patrons, customers, clients, deliveries, or students at the home per day, OR has no more than one Non-resident Employee. **Category 2 Home Occupations** are those that exceed the qualifications of a Category 1, but otherwise complies with all restrictions and requirements of a Home Occupation. Home Occupations that do not qualify a Category 1 **may** be granted a Permitted Use Permit by the Planning Commission and the Town Council. Agricultural businesses and certain **Home Occupations** may be exempt from these procedures. Please review CFO-310-HO-2020.

(Please retain for your records)

The Town wishes to offer assistance with the application process and has designed this set of procedures to help you understand some of the requirements for opening a business in your home.

1. Generally, businesses involved with the sale of a tangible product must apply for a State Sales Tax number. You may obtain that number from the State Tax Commission at 210 N. 1950 W., Salt Lake City. If you anticipate commencing business in less than 6 weeks, you will need to apply for that number in person. There is no charge. If the business is a sole proprietorship (or other similar circumstance where there is no immediate need for an EIN number) you may apply for the State Sales Tax Number at the same time as you apply for the DBA (item #2 below). You may obtain both items at the Heber Wells address below. You must provide written proof of a valid sales tax number.
2. If you wish to use a business name (DBA), you must register that name with the State Division of Corporations, Assumed Name Section, located at the Heber Wells Building at 160 E. 300 S., Salt Lake City. The current charge is \$22.00 for three years. You must file a written copy of your DBA at the time you file your Home Occupation application. If the business is a Limited Liability Company or Incorporated and you are conducting business using the LLC or corporate name, you must file a State approved copy of the Articles.
3. If the business is being run from rental property, a letter of permission (indicating the portion of the home permitted to be used, and acknowledging the nature of the business) must accompany the application.
4. Applications are to be typed or completed in black ink. Incomplete applications will be returned. Ordinance allows up to 45 days for processing.

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5. Any daycare, preschool, or caregiver type services to the elderly, or other business as deemed necessary for the continued safety and well-being of the citizens and the community and as permitted by law, will also need to submit a BCI criminal history report at the time of application. That report may be obtained through the Bureau of Criminal Investigations located at 3888 West 5400 South, SLC UT 84114, ph. (801) 965-4445.

6. Fees for all licenses are established by the Town Council. A copy of the most recently approved fees is available at Town Office. All appropriate fees must accompany the application. Please contact this office for correct computation of prorated amounts for regulatory and any applicable disproportionate fees. All fees must be personal check, cashier's check, or money order only; **no cash accepted**. A \$35.00 charge is assessed to checks returned by any financial institution.

7. A copy of the Home Occupation ordinance is available online (<http://www.townofcedarfort.com/ordinances.htm>) or officially and formally via a GRAMA request for a nominal charge. Please make sure you are able to comply with those requirements. If you fall under a Category 2 Home Occupation, you must first receive an approved Permitted Use Permit, before submitting this application for a Home Occupation License. If you have questions regarding any portion of the ordinance, you should contact the Licensing Councilmember for correct interpretation or explanation.

8. There are additional requirements for client-access occupations, group child uses, garage uses, accessory building uses, animal kennels, wood working or other flammable uses for which you may incur additional inspection, and/or permit costs and application processing delays. Please check with the Licensing Councilmember for further information.

9. License renewals are due by January 1 each year. Your Occupation License will indicate an expiration date. Renewal notices will be sent to you as a reminder, but you are ultimately responsible for making sure renewal payments, if required, are received prior to delinquency. A 25% delinquent late fee penalty is assessed on accounts not paid within 30 days of due date. After 60 days, an additional 75% delinquent penalty is assessed. If a bill is delinquent after 90 days, it is forwarded for collection. Collection costs are incurred by the applicant.

Please familiarize yourself with license renewal due dates and delinquency rates indicated on both this information sheet and the application page. You must be willing and able to comply with all provisions of the ordinance for license approval.

If you have questions or need assistance in completing this application, please contact the Licensing Councilmember at 801-768-2147, ext. 8, and we will be pleased to be of assistance.

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HOME OCCUPATION LICENSE APPLICATION

FOR OFFICE USE ONLY APPLICATION # _____ FEE: \$ _____

APPLICATION DATE: _____ FEE PAID: _____ RECEIPT # _____

Zone _____

Duplicate License	\$20	Inspection Fee	\$30	Other		TOTAL DUE
License Fee*	\$35	Penalty	Double			

* May not be required

Building Inspections Cleared ____ Date _____
 Planning and Zoning Cleared ____ Date _____ Current Zone _____
 Health Department Cleared ____ Date _____
 Sheriff Cleared ____ Date _____
 Code Compliance Cleared ____ Date _____
 Fire Dept. Cleared ____ Date _____

****PLEASE PRINT OR TYPE IN BLACK INK****

Business Name		Business Phone #	
Residence Address:		City and State:	Zip:
Mailing Address:		City and State:	Zip:
Start Date	Sales Tax #	Corp/LC/DBA/Other:	Fax #
Homeowner of property?	If NO, Letter of permission?	Home Phone #	Portion of Home Used:
Permitted use?		Email Address:	

This application is subject to approval from the Cedar Fort Town Council (a background check may be required on some specific types of businesses). Applications may also require approval of the Cedar Fort Fire Department, Building Inspection Department, County Health Department and Zoning Department. Those specific types of uses requiring on-site inspections are subject to a \$30.00 charge over and above the regulatory and disproportionate license fees. If a license renewal fee is not paid within 30 days of the due date, a 25% late fee will be assessed. After 60 days, an additional 50% late fee penalty will be assessed. If a license is not obtained prior to opening your business, you may be subject to a double license fee penalty!

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Name: _____ phone # (____) _____

Authorized agent (if applicable): _____

1. What is the proposed Home Occupation (business)? _____

2. How many clients (cars and people) will be coming to the home, at any one time during a daily interval, as a result of this application? _____

3. How many clients (cars and people) will be coming to the home, in any given day, as a result of this application? _____

4. What hours do you anticipate patrons, customers, clients, deliveries, or students? _____

5. How many deliveries will there be each day? _____ What size trucks will be making these deliveries? _____

6. What type of equipment, materials, tools, chemicals, and/or merchandise stock are involved in the Home Occupation?

7. Is this business required by Utah State law to collect sales tax? (See Note below)

8. What internal modifications to the residential structure are anticipated because of the Home Occupation?

9. What type of safety equipment will be required for the Home Occupation?

10. What portion of the home will be used for the Home Occupation (please attach a sketch showing home dimensions)?

11. What portion of any outbuildings will be used for the Home Occupation (please attach a sketch showing outbuilding dimensions)?

12. What portion of the Licensed Property will be used for the Home Occupation (please attach a plot plan showing the requested storage)?

13. What current certifications or professional license do you possess for this occupation (proof of certification or license will be required)?

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14. How many employees that do not reside on the premises will be working on location in the Home Occupation?

15. Describe the signs that will be used for the business; include dimensions and locations of any signs.

16. Do you agree to receive this renewal form and other communications from the Town of Cedar Fort by email? _____ If yes, please enter your preferred communication email address: _____

***NOTE - - ALL BUSINESSES WHICH ARE REQUIRED TO HAVE A STATE SALES TAX NUMBER MUST PROVIDE A COPY OF THE CERTIFICATE TO THE TOWN (Form TC-69) AND MUST REPORT TO THE STATE TAX COMMISSION THAT CEDAR FORT IS THE POINT OF SALE. LICENSES CANNOT BE ISSUED WITHOUT THIS DOCUMENT.**

I certify under penalty of perjury that this application and all information submitted as a part of this application are true, complete and accurate to the best of my knowledge. I also certify that I am the owner of the subject property and that the authorized agent noted in this application has my consent to represent me with respect to this application. Should any of the information or representations submitted in connection with this application be incorrect or untrue, I understand that The Town of Cedar Fort may rescind any approval, or take any other legal or appropriate action. I also acknowledge that I have reviewed the applicable sections of the Cedar Fort Ordinance and comply with them and that items and checklists contained in this application are basic and minimum requirements only and that other requirements may be imposed that are unique to individual projects or uses. Additionally, I agree to reimburse the Town of Cedar Fort all amounts incurred by the Town in excess of the base fee required by the Fee Schedule to review and process this submitted application. I also agree to allow the Staff, Town Council, or appointed agent(s) of the Town to enter the subject property to make any necessary inspections thereof.

Property Owner's Signature: _____ Date: _____

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PERMITTED USE REQUIREMENTS (If required by Planning Commission)

Business Name: _____

ADDITIONAL PERMITTED CONDITIONS IMPOSED BY THE PLANNING COMMISSION OR TOWN COUNCIL FOR THE HOME OCCUPATION:

I _____, understand and agree to comply with all of the rules for Home Occupation, including these permitted provisions. I also understand that if I do not comply with all of these rules, my business license may be revoked.

Signature of Applicant _____ **Date** _____



FOR OFFICIAL USE ONLY

Building and Fire Code Checklist (to be completed by Fire Chief or representative):

- Building shall comply with current U.F.C. requirements
- Aisles
 - 36" wide with obstructions on one side
 - 44" wide with obstructions on both sides
- Storage of combustibles away from heat source
- Storage of flammable liquids and gases in approved containers
- Portable fire extinguishers (10# min.) must have approved tag
- Fire extinguishers must be visible, readily accessible, and properly mounted
- Address number on building and visible from street
- Exits
 - Doors open able from inside building without use of key or knowledge
 - Clear and unobstructed
- Stairways to have handrail
- 30" clearance in front of electrical control panel with accurate labels on panel box
- Extension cords and adapters to conform with Building and Fire Code requirements
- Other hazards that might threaten health and safety

Date: _____ Initials: _____

The signature of the Fire Department Representative, if required, must be obtained prior to approval of the business license.

Fire Department Representative _____ **Date:** _____

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Home Occupation Approval

This certifies that _____ has completed all of the requirements for a home occupation license as defined in the Cedar Fort Town Ordinance CFO-310-HO-2020.

This preliminary approval is to be presented to the Town Councilmember over licenses to receive a Home Occupation license that is valid for one year from the date signed or January of the following year, whichever comes first. The license must be renewed annually and must be posted in a conspicuous place on the premises.

Date: _____

For official use only

Approved _____

Date _____

- Exempt
- Category 1
- Category 2

Disapproved _____

Councilmember - Licenses