

# CEDAR FORT HOME OCCUPATION LICENSE RENEWAL APPLICATION

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

### HOME OCCUPATION LICENSE

#### RENEWAL FOR (check one):

- Category 1** - Applicant does not need Permitted Use Approval from Planning Commission/Town Council
- Category 2** - Applicant has Permitted Use Approval from Planning Commission/Town Council. Date of Permitted Use Approval \_\_\_\_\_

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

RENEWAL DATE: \_\_\_\_\_ FEE PAID: \_\_\_\_\_ RECEIPT # \_\_\_\_\_

Zone \_\_\_\_\_

Replacement/Duplicate License	\$20	Inspection Fee*	\$30	Other		TOTAL DUE
Annual License Fee*	\$35	Late Fee or No-license Penalty				

\* May not be required

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

Business Name:		Business Phone #	
Residence Address:		City and State:	Zip:
Mailing Address:		City and State:	Zip:
Applicant's Name:		Applicant's Title:	
Homeowner of property?	If NO, Letter of permission?	Home Phone #	Portion of Home Used:
Email Address:			
Describe the nature of your business?			

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Does this business charge sales tax (circle one)? Yes / No

If yes, provide sales tax # \_\_\_\_\_

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!

Business Name: \_\_\_\_\_ phone # (\_\_\_\_) \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

1. Has the address of the Home Occupation changed since the original license application?  
\_\_\_\_\_

2. Has the nature of the business changed since the original license application? \_\_\_\_\_

**If either of the above questions are "Yes", please complete a new Cedar Fort Home Occupation Application form, found at <http://www.townofcedarfort.com/business-license-and-renewal.htm>.**

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 I must immediately notify the Town of Cedar Fort. 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.

Applicant's/Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

For official use only

Town Council

Approved for Renewal \_\_\_\_\_

Date \_\_\_\_\_

- Category 1
- Category 2

Disapproved for Renewal \_\_\_\_\_

\_\_\_\_\_

Councilperson overseeing Business Licenses