



Home Occupation Business License Application

Type of Application

- New Application
 Change of Name
 Other _____

American Fork City
 51 East Main, American Fork, Utah 84003
 (801) 763-3000 • www.afcity.org

License #: _____

Print clearly or type an answer to every question. Incomplete applications will not be accepted. Application submittal is required **prior** to opening to avoid the \$50.00 penalty fee. All Federal and State numbers must be obtained before application and fee will be accepted. Home Occupation business licenses expire on December 31st of each year. **Home Occupation business license applications, with the exception of Daycare/Preschool businesses, must be accompanied by a self-fire inspection form.**

SECTION 1: BUSINESS INFORMATION

Business Name: _____

DBA: _____

Business Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Local Business Phone: _____ Corporate Business Phone: _____

Website: _____ Business Email: _____

Business Activity: Please choose one (1) that best describes your business.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Auto | <input type="checkbox"/> Florist/Nursery | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Body Art | <input type="checkbox"/> Group Home | <input type="checkbox"/> Marketing | <input type="checkbox"/> Salon/Tanning |
| <input type="checkbox"/> Child Care/Preschool | <input type="checkbox"/> Gym/Spa/Nutrition | <input type="checkbox"/> Medical/Dental | <input type="checkbox"/> School |
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Heating & Air Conditioning | <input type="checkbox"/> Mortuary | <input type="checkbox"/> Service |
| <input type="checkbox"/> Counseling/Consulting | <input type="checkbox"/> Instructional | <input type="checkbox"/> Pawn Shop | <input type="checkbox"/> Sexually Oriented |
| <input type="checkbox"/> Development/Construction | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Photography | <input type="checkbox"/> Video |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Lawyer/Attorney | <input type="checkbox"/> Restaurant/Bakery | <input type="checkbox"/> Other _____ |

SECTION 2: FEDERAL AND STATE INFORMATION

To apply for a Federal EIN, go to <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/How-to-Apply-for-an-EIN>. To register your business and receive a State Sales Tax Number, go to www.osbr.utah.gov (One Stop Business Registration). If you have additional questions regarding sales tax, contact the State Tax Commission at (801) 374-7070 or 150 East Center St., Ste. 1300, Provo, Utah.

Ownership Type: Corporation Partnership Proprietorship LLC DBA Non-Profit

State Sales Tax No: _____ Business Registration No: _____

Federal EIN: _____ Employer Withholding No: _____

State License Type: : _____ No. _____ Expires: _____

Federal License Type: _____ No. _____ Expires: _____

SECTION 3: BUSINESS DESCRIPTION

Describe Your Business in **Detail**:

Will your business include any of the following? (Please mark all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Food Establishment (Must include copy of County Health Permit) | <input type="checkbox"/> Amusement Devices (# of devices _____) |
| <input type="checkbox"/> Door to Door Sales | <input type="checkbox"/> Alarm System |
| <input type="checkbox"/> Alcoholic Beverage | <input type="checkbox"/> CBD/Hemp Products |
| <input type="checkbox"/> Dancing | <input type="checkbox"/> Massage Therapy |
| <input type="checkbox"/> Media of a Sexual Nature | |

SECTION 4: OWNER INFORMATION

Business Owner Name: _____ Phone No: _____
Home Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Driver's License No: _____ State: _____

SECTION 5: COMPLIANCE QUESTIONS/STATEMENTS

Will the business be conducted entirely within the dwelling (excluding any garage, carport or accessory building) ?
If no, please explain _____ Yes No

Will the business be conducted only by members of the residing family?
If no, please explain _____ Yes No

Will an area larger than an amount equal to 25% of the ground floor be devoted to the home business?
If yes, please explain _____ Yes No

Is the home business clearly incidental and secondary to the use of the dwelling for dwelling purposes? Yes No

Will the home business involve the use of mechanical or electrical apparatus, equipment or tools other than those commonly associated with residential use or home crafts? Yes No

Will any advertising be displayed on the premises? (Signs are limited to one non-flashing sign no larger than 2 sq. ft.) Yes No

To the best of your knowledge, will the home business alter the residential character of the premises or unreasonably disturb the peace and quiet (including radio and television reception) of the neighborhood by reason of color, design, materials, construction, lighting, sounds, noise or vibration? Yes No

Will the home business generate pedestrian or vehicular traffic in excess of that customarily associated with the zone in which the use is located? Yes No

Greatest number of customer vehicles at any one time: (approx.) _____ Please attach a parking map for where your customers will park.

Will access to the home business be limited to the normal entrance (no special entrance created specifically for the home business?)
If no, please explain _____ Yes No

SECTION 6: REQUIRED SIGNATURES

SIGNATURES MUST BE OBTAINED BEFORE APPLICATION WILL BE ACCEPTED-VALID 3 MONTHS FROM DATE SIGNED

Upon submission of application, approval from Planning & Police, and the Fire Department will be received. At that time, you will receive an email to pay for the business license. There is a possibility of denial and fees would not be collected.

Complete and submit this application to the American Fork City Administration Building at 51 E Main St, in American Fork. Main St, American Fork Utah, you must call the American Fork Fire Department at 801-763-3045 to schedule a business license inspection.

SECTION 7: HOME OCCUPATION LICENSE FEES

| | |
|--|---------|
| New Home Occupation Impact Application Fee | \$40.00 |
| New Home Occupation Non Impact Application Fee | \$00.00 |
| Name Change/Replacement Fee (No inspections required) | \$10.00 |
| Penalty Fee (Include if business was in operation before business license was issued)..... | \$50.00 |
| Renewal Fee | \$40.00 |

SECTION 8: APPLICANT AGREEMENT

I/we hereby agree to conduct said business strictly in accordance with all American Fork City codes governing such business, and swear under penalty of law that the information contained herein is true and correct. I/we also understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. No business license shall be transferred from one person to another, nor from one location to another. I/we have read American Fork Development Code Section 17.5.123, Home Occupations, and certify that I am in compliance with the ordinance in operating a home occupation.

Applicant Signature: _____ Date: _____
Applicant Printed Name: _____ Title: _____

For Office Use Only