



# Home Occupation Business License Application

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

Type of Application

- New Application
- Change of Location
- Change of Name
- Other \_\_\_\_\_
  
- 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](http://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"/> Media of a Sexual Nature
<input type="checkbox"/> Door to Door Sales	<input type="checkbox"/> Amusement Devices (# of devices _____)
<input type="checkbox"/> Alcoholic Beverage	<input type="checkbox"/> Alarm System
<input type="checkbox"/> Dancing	

### 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) and be carried on only by members of the residing family? If no, please explain _____	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the home business clearly incidental and secondary to the use of the dwelling for dwelling purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will any advertising be displayed on the premises? (Signs are limited to one non-flashing sign no larger than 2 sq. ft.)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Greatest number of customer vehicles at any one time: (approx.) _____		
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 _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### SECTION 6: REQUIRED SIGNATURES

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

Zoning Clearance: (Take completed application to American Fork Planning Department, 275 East 200 North, (801) 763-3060) Notes:	
Signature: _____	Date: _____
Fire Inspection: Child-Care/Preschool businesses only (Call American Fork Fire Department at (801) 763-3045 to schedule an appointment)	
Signature: _____	Date: _____
Police Clearance: (Take completed application to American Fork Police Department, 75 E 80 N, (801) 763-3020)	
Signature: _____	Date: _____

### SECTION 7: HOME OCCUPATION LICENSE FEES

New Home Occupation Application Fee (Pro-rated monthly) .....	\$50.00 + \$7.00 inspection fee	\$ _____
New Home Occupation Application Fee (Child Care/Preschool) .....	\$50.00	\$ _____
Change of Location Fee .....	\$125.00	\$ _____
Name Change/Replacement Fee (No inspections required) .....	\$10.00	\$ _____
Penalty Fee (Include if business was in operation before business license was issued) .....	\$50.00	\$ _____
<b>TOTAL FEES:</b>		<b>\$ _____</b>

### 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

Amt. Pd: _____	Date Pd: _____	Pmt. Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	<input type="checkbox"/> Credit Card	Acc. by: _____	Rev. 9/15
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