



Harrisville City
363 N Independence Blvd.
Harrisville, UT 84404

Home Occupation Business License Application

*This is an application for a business license to operate a home occupation in Harrisville City. Actual license will be issued only when zoning requirements have been met, and all inspections are completed and approved. Issuance does not guarantee compliance with zoning and other local ordinances. All information must be accurately completed, or the issuance may be delayed and criminal penalties may apply. Issuance of a business license does not relieve applicant or property owner from responsibility to comply with applicable regulations. **Approved Inspection from the North View Fire Department is required.***

Home Businesses may not be permitted to have visiting clientele. Temporary Business Licenses are only valid for 45 days.

Applicant Information

Application Date: _____

Name: _____

Phone: _____

Address: _____

Position/Title: _____ Email: _____

Birth Date: _____ Driver's License #: _____ State: _____

Business Information

Business Name: _____ Registration Type: _____

DBA Name: _____

Local Business Address: _____

Mailing Address: _____

Local Business Phone: _____ Local Business Email: _____

Federal Tax ID: _____ State Tax ID: _____ State License #: _____

Professional License Type: _____ License #: _____

Detailed Description of business: _____

Do you own this property? _____ *If no, provide owner's/HOA's authorization to operate business*

Do employees or customers visit your home for business? _____ *If yes, conditional use permit is required*

Do you store anything on site? _____ Do you sell anything? _____

Where in your home is the business operation and storage to be located? _____

What approximate percentage of the home will be utilized for business purposes? _____

I/We _____, hereby agree to conduct business strictly in
with the Laws and Ordinances governing such businesses and certify that the information provided in this
is true and correct.

Signature: _____ Title: _____ Date: _____

<i>Office Use Only Department Approvals Required</i>	
Fire Marshall	Planning Dept
Police Dept	Licensing Dept

Amount Paid:	Date:	Received By:
License Type:	License #:	
Notes:		