



**APPLICATION FOR BUSINESS LICENSE - HOME OCCUPATION**  
(This is NOT a Business License)

**City of Holladay**

4580 S. 2300 E.  
Holladay, Utah 84117  
Phone: (801) 527-3890  
Fax: (801) 527-3891

APPLICATION # \_\_\_\_\_

Utah State Sales Tax ID Number \_\_\_\_\_ -- \_\_\_\_\_ --STC  
(Please be sure this number is coded to the City of Holladay)

**\*\*\*PLEASE PRINT CLEARLY AND FIRMLY & FILL OUT COMPLETELY\*\*\***

Business Name/DBA: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Location (No PO Boxes): \_\_\_\_\_ Holladay, UT Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

E mail: \_\_\_\_\_

Local Agent/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Opening Date At This Location: \_\_\_\_\_ Is This a New Type of Business At This Location? Yes  No

Location Type: Residential  Commercial

Business Activity/Type \*: \_\_\_\_\_

*\*If this is an application for group home for people with disabilities, please complete the supplemental form.  
\*Does this business require any Utah State or Federal license or contract? If yes, please attach.*

**TYPE OF OWNERSHIP**

Sole Owner: Name: \_\_\_\_\_

Partnership: Name(s) of General Partners: \_\_\_\_\_

Corporation: Name of Principal Officer: \_\_\_\_\_

Name of Corporation: \_\_\_\_\_

Other: Describe: \_\_\_\_\_

Address of Owner(s)/Partner/Principal Officer: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal EIN # \_\_\_\_\_ Utah State Entity (optional) \_\_\_\_\_

*It is unlawful to operate a business without a current license (Holladay Municipal Ordinance Section 5.606.020). Failure to obtain a business license prior to opening such business will result in a penalty being assessed (Holladay Municipal Ordinance Section 5.06.100).  
It is the responsibility of the Licensee to be familiar with the ordinances under which this license is applied, and applicant hereby agrees to conduct said business strictly in accordance with the Laws and Ordinances covering such business  
All applications of business license are to be renewed yearly, on the anniversary date of original issue. Licenses renewed 30 days after the anniversary date of original issue will be assessed a penalty.  
As per Holladay Municipal Code or Ordinance, Section 5.06.100, responsibility of renewal is totally the responsibility of the Licensee. Failure to receive a renewal notice does not excuse this responsibility.*

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

**\*\*\*NO EMPLOYEES ALLOWED IN HOME BASED BUSINESSES\*\*\***

**Category Fees & Codes:**

Code	Description	Units	Amount
_175_____	Home Occupation (not day care)	_____ 1 _____	_____ \$75.00 _____
_____	_____	_____	_____
_____	_____	_____	_____

License Fee: \$ \_\_\_\_\_ \$75.00 \_\_\_\_\_  
Vehicles/Units/: \$ \_\_\_\_\_  
Alcohol: \$ \_\_\_\_\_  
Penalty: \$ \_\_\_\_\_  
Zoning: \$ \_\_\_\_\_ \$25.00 \_\_\_\_\_  
**Total \$ \_\_\_\_\_ \$100.00 \_\_\_\_\_**

Ncsalpha #: \_\_\_\_\_

Parcel ID # \_\_\_\_\_

Zone \_\_\_\_\_

Approving Signature \_\_\_\_\_

**Comments:**

- Zoning  Fire
- DBA  Sheriff
- Tax Coded  Heath
- \_\_\_\_\_



**City of Holladay**  
**Community Development Department**  
**Zoning Application • Phone and Mail Home Business • Fee included in Application**

**CONDITIONS OF ZONING APPROVAL FOR PHONE & MAIL HOME BUSINESS**

1. **Business is conducted in the home by phone and/or mail as an office only.**
2. **There are no employees and no customers coming to the home.**
3. **No vehicles**, except the resident's personal transportation, **equipment, or merchandise stock on the property.**

Personal transportation means automobile or truck (one ton or smaller)

Equipment limited to a desk, drafting table, typewriter, home computer, answering service device, fax machine, and printer.

4. **Only persons residing in the home can be involved in the business at this location.**

5. **No accessory buildings can be involved (e.g. detached garage)**

6. **No signs are approved with this application.**

Separate zoning approval is required before posting any signs; signs must meet zoning requirements.

**NOTICE: FAILURE TO COMPLY WITH ANY OF THE ABOVE CONDITIONS MAY RESULT IN LEGAL ACTION AND/OR REVOCATION OF YOUR BUSINESS LICENSE**

I agree to conduct my business in compliance with the above conditions: \_\_\_\_\_  
(Applicant Signature)

**APPROVAL OF PROPERTY OWNER**

I, \_\_\_\_\_, am the owner/manager of the property listed below, and authorize the applicant, \_\_\_\_\_, to conduct business identified on this application at the specified property.

\_\_\_\_\_ Date Signed  
(Property Owner/Manager's Signature)

**APPLICANT INFORMATION**

Resident/Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City Zip Code

Business to be Conducted: \_\_\_\_\_

**ZONING ACTION:**

Approved       Denied      Date: \_\_\_\_\_

Comments/Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
(Zoning signature)



## City of Holladay

### Home Occupation Self-Inspection Fire Safety Report

This form is to be completed by the **applicant**.

Please read the **areas of inspection** carefully and check the boxes to confirm the statement's accuracy. If the statement is **not** accurate, please leave the box **unchecked**. Please refer to the explanation if needed.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

AREAS OF INSPECTION	COMPLIANCE	EXPLANATION
<b>Fire Protection Systems</b> •Smoke detectors	<input type="checkbox"/> – Yes	-At least one smoke detector on every level.
<b>Exit Doors/Hallways</b> •Hallways/Doors are clear of obstructions	<input type="checkbox"/> – Yes	-All exit doors and hallways are to remain clear and free of obstructions: boxes, storage, deliveries, etc.
<b>Extinguishers</b> •Home extinguisher •Proper access •Automobile extinguisher	<input type="checkbox"/> – Yes <input type="checkbox"/> – Yes <input type="checkbox"/> – Yes <input type="checkbox"/> – N/A	-At least one 2A10BC extinguisher. Service every 5 years. -Display or mount extinguisher leaving free from obstruction. -If occupation requires work out of vehicle, (welding, painting, mechanic, etc.) extinguisher must be present in vehicle.
<b>Storage</b> •No storage in furnace room	<input type="checkbox"/> – Yes	-Storage of combustibles inside of the furnace room, or around the furnace is not permitted (paints, oils, wood, gasoline, etc)
<b>Electrical Equipment</b> •No permanent use of extension cords •Circuit breaker panel box clearance •No circuit breakers taped open •Electrical outlet covers	<input type="checkbox"/> – Yes <input type="checkbox"/> – Yes <input type="checkbox"/> – Yes <input type="checkbox"/> – Yes	-Extension cords shall not be used as permanent wiring for more than 3 days. Light strips and surge protectors are allowed. -Must maintain a 36" clearance around circuit breaker box. - Never tape circuit breakers open. -All electrical outlets and junction boxes shall have covers.
<b>Miscellaneous</b> •Home address must be posted •Portable space heater clearance	<input type="checkbox"/> – Yes <input type="checkbox"/> – Yes <input type="checkbox"/> – N/A	-Visible/legible address on house from the road on the front of the property. -If in use, keep combustible materials away from heaters.

I hereby certify that the information above is true and correct to the best of my knowledge.

Name of Manager/Owner: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please check this box only if you desire a fire inspector to come conduct a fire inspection at your property.**