Application for Residential Business License



Application date:			174134	EST CITY	
Owner Name:					
Owner Address:		City:		Zip:	
Telephone:	Fax:	Email:			
Business Name:		DBA:			
State Sales Tax ID #		_ State License #			
If a daycare of preschool,	number of own children:	; number of ot	her children:		
Describe your type of busi	ness in detail:				
Businesses that require He cares, nursing and assisted	d livings.				
Health Department Permi	t #	or check if n	ot applicable		
All daycares are required to Weber Fire District at 801 with the business license of	-782-3580 to schedule th application before any ap	e inspection. Proof of pas	sed inspection i	must be submitted	
Please initial each box ack City Ordinance, Chapter 5.	nowledging you understo				
Only persons who occupation.	are bona fide residents o	f the premises shall be en	gaged in the bu	siness or	
☐ The business shall	not physically change or	alter the exterior of the d	welling.		
☐ No business signs of	or advertising will be on t	he premises.			
\square The business will r	not cause an increase in v	vehicular traffic.			
The business will r residential uses.	not require additional of	f street parking beyond th	nat normally re	quired for	
☐ The business will n	☐ The business will meet all applicable safety, fire, building and health codes.				

health which are emimay not create a pub The business will not keeping or raising ani and safety of any per Any nursery or dayca If the business is condithe main floor area, or	ited from and may be discernible beyond it in uisance as defined by State law or create a hazard by using flammable, extends which are capable of inflicting has son or property. The use of the dwelling shall comply with lucted within the living quarters of the for more than 400 square feet of the hom 33% of the garage area. *Businesses	xplosive or other dangerous materials or by rm or discomfort or endangering the health
	Residential Business License \$30.00	e Fee
*Residential businesses cond		idence are not subject to the \$30.00 fee.
If no, is it conducted in a ga	ntirely within the primary residence? rage and/or accessory building? f and conform to all State and Federa Ordinances of Farr west City for Busin	al Regulations. I have read and
Applicant signature:		Date:
For office use only:		
Amount paid:	Date paid:	Receipt Number:
		Disapproved:
	Date issued:	