



NORTH LOGAN CITY CORPORATION

2076 North 1200 East
North Logan, UT 84341
Phone 435 752-1310 FAX 435 752-1357

License No: _____

Application For Home Business License

New Application Renewal

Please complete entire application (Incomplete applications will not be processed)

Business Name: _____ Business Location: (NO P.O. Box) _____

Mailing Address: (if different than location) _____ City _____ ST ____ Zip _____

Owner Name: _____ Phone: _____ Fax: _____

Date of Birth: ____/____/____ Social Security No: ____-____-____ Driver's License # _____ State _____

Emergency Contact and Phone: _____ E-mail: _____

Business Classification: Sole Proprietor Partnership Corporation Government Agency LLC

UT Sales Tax No: _____ Origination Date: _____ Federal ID: _____

***Please attach copy of UT Sales Tax License.**

State ID No: _____ UT Registration No (Entity No.) _____ Do you own or lease? _____

***If leasing, you are required to get permission from the homeowner. Ask for Home-Owners' Approval of Tenant Business form.**

TYPE OF BUSINESS TO BE PERFORMED: _____

PUBLIC ACCESS? NO YES If Yes, indicate how many customers, children, students, or clients you will be servicing at any one time: ____ Anticipated customer / client visits per week? _____

How many non-residents work at the business at any one time? _____

How many off-street parking spaces are available for: Residents _____ Customers _____ Non-Resident Employee _____

Are there regular truck deliveries to the home for business? NO YES

Do you have a sign for the business? NO YES If yes, please describe _____

Are there other home businesses in operation at this location? NO YES If yes, please list _____

Please check any that apply to your business: Hazardous materials. Specifically specify any of the following:
 explosives, fireworks, gases, propane, fuel, combustible dust producing, other flammable products,
 corrosive products, oxidizing products, toxic substances, organic products, radio-active materials,
 cryogenic products. Auto repair, Aviation facilities, Dry cleaning, High pile storage, Lumberyard,
 Metal works/welding operations, Woodworking, Beer, wine or alcohol. **Please explain any items checked.**

What types of materials are stored on site? _____

What quantities are stored? _____ Are all materials for the occupation stored indoors? NO YES

If you have any questions or any comments regarding your business please include on additional sheet(s).

I hereby agree to abide by all City codes and regulations while operating under this business license.

Owner Signature: _____ Date: _____

DATE RECEIVED _____ CASH AMOUNT _____ CHECK# _____ CHECK AMOUNT _____ REC'D BY _____