



TOWN OF LEEDS
218 NORTH MAIN STREET
PO BOX 460879
LEEDS, UT 84746-0879
PHONE: 435-879-2447

January 1, 2010

Dear Applicant,

To apply for your Home Occupation Business license:

1. Please review Chapter 24 of the 2008-04 Land-Use Ordinance (available for review on the town website; www.leadstown.org), for the current ordinances regarding Home Occupations. If you have questions, you may visit with Drake Howell, Town Manager.
2. Complete the 2010 Business License Application enclosed, and **make check payable to Town of Leeds.**
3. Submit all required applications, permits and information no later than January 31, 2010 to the Town Clerk/Recorder.

Any business preparing food must have a Food Service Permit from the Washington County Public Health Department. You may contact them at 986-2580. The Health Department has asked that we withhold issuing a business license until their requirements have been met.

Contractors and other state licensees such as cosmetology, barbering, etc, must submit a copy of their current State License along with their Business License application.

Please remember all business licenses are \$50.00 and the deadline is January 31, 2010. Beginning February 1, 2010 there will be a late fee assessed. Doing business without a license is a Class B Misdemeanor.

You can renew your business license at Town Hall on Monday through Thursday, from 9:00 a.m. to 1:00 p.m. Remember to check out our website - www.leadstown.org and note Leeds Businesses listed under "Businesses." If you would like your business listed, please check the appropriate box in the application, or fill out your information in the business section of the website. If you find errors in your business listing, please notify the Clerk/Recorder by e-mail at leadstownhall@beyondbb.com or phone 879-2447 to have appropriate corrections made on the site.

If you are no longer in business, please check the "Business Closed" box on the Application, and mail it to the Town Hall or call the Town office at 879-2447 and we will remove your name from the business list.

PLEASE REMEMBER: Late fees are incurred for business license renewals received after January 31, 2010.

Sincerely,

Clerk/Recorder, Town of Leeds

Previous License No. _____

FILING FEE: \$50.00

NON-REFUNDABLE

Date _____

Received by _____

TOWN OF LEEDS
2010 Home Occupation Business License
Application and Agreement of Terms

PLEASE REMEMBER THIS IS ONLY AN APPLICATION AND NOT A BUSINESS LICENSE. You will receive your business license from the Town Clerk/Recorder given all necessary information has been provided and is correct and true.

Please check applicable box: **New** **Renewal** (Must still complete form) **Address change**

Do you have a Conditional Use Permit (CUP) Issued on this business location? **Yes** **No**

If a CUP was issued, is the business function still the same? **Yes** **No**

**If you checked 'no' above, please attach explanation.*

Please check if you are NO LONGER IN BUSINESS: **Date Business was discontinued** _____

Home Occupation Defined: Any use conducted entirely within a dwelling, and carried on by persons residing in the dwelling unit, occupying no more than twenty-five (25) percent of the dwelling unit. The home occupation business is clearly incidental and secondary to the use of the dwelling unit for dwelling purposes and does not change the character thereof. The dwelling shall be the principal residents of the business owner/manager. The home occupation shall not include any display, stock in trade, employees or the use of advertising except as provided herein. The home occupation business shall not involve the use of any accessory buildings or space outside the main building. In all cases where a home occupation is engaged in, there shall be no advertising of said occupation, no window display, or signs except as permitted by Leeds Ordinance. The property resident must be the on site manager of the home occupation business.

PLEASE PRINT CLEARLY

Business:

Name: _____

Street Address: _____

Mailing Address: _____

Business Phone: _____ Fax Number: _____

E-mail Address: _____ Website: _____

Owner of Property:

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Applicant:

Name: _____

Street Address: _____

Mailing Address: _____

Home Phone: _____ Cell: _____

E-mail Address: _____

Description of business and what will take place: _____

Business is: Corporation Sole Proprietorship Partnership LLC

List all owners other than applicant. If a corporation, partnership, or LLC, list other officers, general partners or members. (*If New Applicant, or if information has changed from previous year, attach copy of Articles of Incorporation or Articles of Organization & Certificate of Registration.)

Date of commencing business in Leeds: _____

Have you registered your business name with the State of Utah? Yes No (*if new applicant, attach copy)

Federal Tax ID: _____ (*If new applicant, attach copy of IRS form SS-4,)

Utah Sales Tax Number: _____ (*If new applicant, attach copy of Sale Tax License from Utah State Tax Commission)

Is this a food or food preparation business? Yes No (If yes, attach a copy of Permit to Operate and / or annual Health Permit from Southwest Public Health Department.)

Is this business required to be licensed by the State? Yes No
If yes, indicate type and number: _____ (Attach Copy of State License)

Average number of employees: _____ Days & hours of operation: _____

Do you want your Home Occupation Business listed on the Leeds Town Website? Yes No

Please complete the following to indicate compliance with the standards involving your business:

Is the home occupation business owned and operated by a person who resides in the home where the business is located?

YES _____ NO _____

Is the applicant the primary provider of the labor, work, or service provided in the home occupation business?

YES _____ NO _____

I understand that tools, items, equipment, or activities conducted within the dwelling which are offensive or noxious by reason of the emission of odors, smoke, gas, vibration, magnetic interference or noise are prohibited.

YES _____ NO _____

I understand that the home occupation shall not disrupt the normal residential character of the neighborhood in which the residence is located.

YES _____ NO _____

Is there visible evidence from the exterior of the dwelling or building indicating that it is being used for any other purpose than that of the dwelling? If yes, explain:

Is the home occupation clearly incidental and secondary to the primary use of the dwelling for residential purposes? If no, explain:

Are you going to have customers coming to the business? If yes, please explain:

Will your home occupation business generate pedestrian or vehicular traffic, or parking problems in excess of what is customarily associated with the zone in which the use is located? If yes, explain

Other than the business owner's personal transportation, will there be any vehicles or equipment stored on the property? This includes vehicles associated with the business. If yes please explain:

NOTICE:

Applicant's signature indicates agreement to conduct the business in compliance with listed uses, Zoning Ordinance and all Ordinances that are applicable to the type of business being conducted. Any operations exceeding or not in compliance with Town of Leeds Ordinances require application for a Conditional Use Permit and said Permit will not be issued without prior recommendation from Planning Commission and approval from Leeds Town Council per the Land Use Ordinance.

FAILURE TO COMPLY WITH THE ABOVE CONDITIONS AND LEEDS ORDINANCES CAN RESULT IN SUSPENSION OR REVOCATION OF YOUR BUSINESS LICENSE AND IS A CLASS "B" MISDEMEANOR.

I HAVE READ AND UNDERSTAND, AND AM IN COMPLIANCE WITH THE CONDITIONS OF THE LAND USE ORDINANCE 2008-04; CHAPTER 24 - HOME OCCUPATIONS, AND CHAPTER 6 - PARKING REQUIREMENTS.

Print Name _____

Signature of Applicant

Date

I understand that falsifying any information on this form constitutes sufficient cause for rejection or revocation of my business license. I also understand that the Town Clerk may require additional information as permitted by ordinance, and also agree to supply the same as part of this form.

Authorized Representative

Signature

Date

"Authorized Representative" shall mean: a) a responsible corporate officer, if the User is a corporation (i.e. a president, secretary-treasurer, or vice-president of the corporation, or the manager of one or more manufacturing, production or operation facilities, with authority to sign documents); b) a general partner or proprietor if the Industrial User is a partnership or proprietorship respectively; or c) a duly authorized representative (written authorization and written change of authorization are required) of the corporation, general partnership or proprietorship.

Applicant's signature indicates agreement to conduct the business in compliance with listed uses, Zoning Ordinance and all Ordinances that are applicable to the type of business being conducted.

Deadline for filing business license renewal is January 31, 2010. Beginning February 1, 2010, a late charge will be assessed.

BUSINESS LICENSE EXPIRES ON December 31, 2010

For Town Use Only

Current Zoning: _____

Clerk / Recorder

Date

Town Manager

Date

TOWN OF LEEDS

Leeds Area Special Services District (LASSD) Fire District

**The following information is required by the Leeds Area Special Services District
Please Contact Chief Steve Lewis for an inspection at 879-2881**

Business Owner: _____ Phone: _____
Business Name: _____ Business Phone: _____
Business Address: _____
Type of Business: _____
Email Address: _____

Are address numbers at least 4 inches high and clearly visible from street?

YES _____ NO _____

Is a five pound commercial rechargeable ABC fire extinguisher (2A 10BC rating) on the premises?

YES _____ NO _____

Is the fire extinguisher mounted no less than 8 inches from the floor and no higher than 60 inches?

YES _____ NO _____

Are there any explosives, hazardous materials, and/or flammable/combustible material in excess of 5 gallons stored on the premises?

YES _____ NO _____

Are all combustible materials stored at least 36 inches from heat sources, including adequate clearance from water heater, boiler and furnace?

YES _____ NO _____

Have all extension cords been replaced with surge protectors?

YES _____ NO _____

Are all switches, outlets and plugs covered with electrical cover plates?

YES _____ NO _____

Are all exits operable and free from obstruction?

YES _____ NO _____

Chief Steve Lewis

**For any questions regarding fire safety and fire codes, please contact Fire Chief Lewis at
Leeds Area Special Service District (LASSD) at 435-879-2881**