



# APPLICATION for a HOME OCCUPATION

For Office Use Only:

Application # \_\_\_\_\_  
 Business License # \_\_\_\_\_  
 Application Date: \_\_\_\_\_  
 Date Paid 4/3/19 Public Hearing Date NV  
 Application Fee \$50<sup>00</sup> CK# 332  
 Approval/Denial Date \_\_\_\_\_ Expiration Date (if applicable) \_\_\_\_\_  
 Approval/Permit Issued \_\_\_\_\_ Background check required \_\_\_\_\_

011/20/2013

**NOTE:** Representation by the applicant at the meeting is required. The completed application, accompanied by all required information, documents, etc. (six copies) must be submitted to the Town Clerk no less than 21 calendar days before the scheduled meeting when the application will be considered. Any Home Occupation Permit approval must be compatible with the Rockville General Plan. If a background check is required, the expense shall be borne by the applicant.

Applicant's Name JESSIKA JACOB

Street Address 140 E. 250 S.

Contact Person JESSIKA JACOB  
 Phone No. 801-856-3154

Mailing Address PO BOX 630255

Phone No. (801) 856 3154

Fax No. ( )

Owner's Name holding legal title (if other than applicant) JESSKA JACOB BAILEY Phone No. ( )

Mailing Address same

If applicant is renting the property, a notarized statement by the owner of the property authorizing the use of the premises for this business is required.

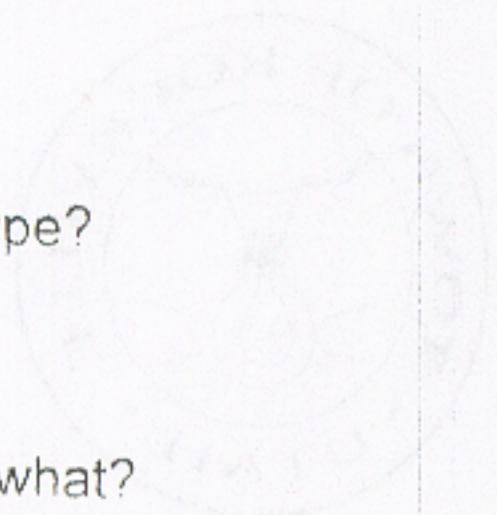
Description of Business Acitivity artist selling on website

Current Zoning \_\_\_\_\_

What kind of work will be done in your home? painting pictures

What kind of material(s) will be stored on the premises? acrylic paint, paint brushes, canvases

How Many employees? none



- Will there be any business vehicles parked on the premises? no If so, what type?  
\_\_\_\_\_ How many? \_\_\_\_\_
- Will the business necessitate any significant remodeling to the residence? no If so, what?  
\_\_\_\_\_  
\_\_\_\_\_
- Will this business necessitate the use of an accessory building or yard area? no  
If so, what? \_\_\_\_\_  
\_\_\_\_\_

Conditions required to be implemented into the Home Occupation Permit, if applicable, listed below by Planning Commission or attached to this application:

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Per Chapter 5.8—Utah Sales Tax License of the Rockville Land Use Code (If required by the State of Utah, a Utah State sales tax license will be required with Rockville Town listed as a business location.)

**APPLICANT CERTIFICATION:**

I certify that my answers are true and correct and hereby give my informed consent to inspection upon demand by the Town of Rockville to determine compliance with the Home Occupation Ordinance. False statements will be grounds for denial of the application. If at any time it is determined that the home occupation is not being conducted in accordance with the Home Occupation Ordinance, the license may be revoked. Home Occupation Business Licenses shall be valid for the calendar year issued and must be renewed annually. I have checked each item or indicated N/A for items that do not apply and have insured that my application is complete.

Signature J. Jacobs Date 4-3-19

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|---|------------|
| <b>Approvals:</b>                             |            |
| Criminal Background Check (if required) _____ | Date _____ |
| Fire Marshal (if required) _____              | Date _____ |
| Planning Commission Approval _____            | Date _____ |