## OF ROCALLAND

For Office Use Only:

## **APPLICATION for a HOME OCCUPATION**

Application #\_

Business License #

Application Fee 450 00 Da Approval/Denial DateApproval/Permit Issued	Application Date: ate Paid 4/27/26 Public Hearing Date Expiration Date (if applicable) Background check required
	011/20/2013
required information, documents, etc. (six copies) must be days before the scheduled meeting when the application	required. The completed application, accompanied by all se submitted to the Town Clerk no less than 21 calendar will be considered. Any Home Occupation Permit approval background check is required, the expense shall be borne
Applicant's Name <u>Marc Solomon</u>	
Street Address 155 E 75 N	Contact Person Marc Solomon
- Rockville, UT 84'	763 Phone No. (del ) 242-2901
	Phone No. ( <u>ldd.)</u> 242-290 l
Rockville, UT 84	763 Fax No. ()
	Therese Feinauck Phone No. (435-712-366)
Mailing Address Po Box 630282 , R	
If applicant is renting the property, a notarized statement premises for this business is required.	by the owner of the property authorizing the use of the
Description of Business Acitivity. Casual on L	ine sales of personal books,
cd's and collectibles.	,
Current Zoning <u>Residental</u>	
☐ What kind of work will be done in your home?	Internet listing of items
and packaging	/
☐ What kind of material(s) will be stored on the pre	
collectibles and pack	ing materials
☐ How Many employees?	

Town of Rockville PO BOX 630206 ROCKVILLE, UT 84763 PHONE/FAX - (435) 772-0992

	Will there be any business vehicles parked on t	the premises? If so, what type?
	How	many?
	Will the business necessitate any significant re-	modeling to the residence? <u>No</u> If so, what?
	Will this business necessitate the use of an according to the second sec	
	ons required to be implemented into the Home Ossion or attached to this application:	ccupation Permit, if applicable, listed below by Planning
APPLIC I certify the Tow grounds in accord Licenses indicated	ANT CERTIFICATION: that my answers are true and correct and hereby in of Rockville to determine compliance with the later of denial of the application. If at any time it is deduce with the Home Occupation Ordinance, the shall be valid for the calendar year issued and ad N/A for items that do not apply and have insured	r give my informed consent to inspection upon demand by Home Occupation Ordinance. False statements will be etermined that the home occupation is not being conducted a license may be revoked. Home Occupation Business must be renewed annually. I have checked each item or ad that my application is complete.
Signatur	re Da	ate 4-2-7-7020
Appro	ovals:	
Crimin	nal Background Check (if required)	Date
1		Date
1		Date