



Conditional Use Permit

For Official Use only

Date Received	<u>1/30/23</u>
Payment code	<u>via SIP</u>
Amount \$	<u>55.00 Melinda</u>
Approval / Denial Date	_____

Proposed Project Business - Nail Salon

Address of Subject Property 412 N 150 W

Applicant Name Melissa Stokes Phone (435) 994-1355

Applicant Mailing Address 412 N 150 W

Applicant E-mail address melissawall_2000@yahoo.com Zone _____

(Non-owner residents shall provide written approval from the property owner for the non-owner to be able to apply for the Conditional Use Permit.)

Name of Property Owner _____ Phone _____

Application is hereby made to Hyde Park City requesting that _____

be permitted as a CONDITIONAL USE on _____ (issue) located at the above address.
(sq. ft. or acres)

Please include:

A. _____ Description of proposed project Nail Salon in 13 x 13 room of existing home

B. _____ Detailed location, site, floor and/or building plans

C. Application fee

Submit the completed application to:

Hyde Park City
113 East Center
Hyde Park, UT 84318

I certify that the information contained in this application and supporting plans are correct and accurate. I agree to abide by the conditions as set forth by the City.

on business Lic App
Signature of Applicant Date

The Applicant is hereby authorized to establish the requested use in accordance with the attached site plan, subject to the following conditions: _____

Approved

Denied

Signature of City Representative

Date

Hyde Park City Planning



BUSINESS LICENSE APPLICATION

113 East Center, Hyde Park City, Utah 84318
Phone No: 435-563-6507
donja.w@hydeparkcity.org

SNOWEEZ LLC

140623

Name of Business Nails by Melissa Stokes Business Phone # (435) 994-1355
Address of Business _____ Business Mailing Address _____

Melissa Stokes

Name of Business Owner _____ Telephone No. of Business Owner (435) 994-1355
412 N. 150 W. Hyde Park Utah

Owner's Home Address _____ Owner's Mailing Address Melissawall-2000@yahoo.com
11/08/1980

Owner's Date of Birth _____ Drivers License No. _____ Email _____

Photo ID Required. Included in File

Description of Business Operation: Nail Salon

New Business Renewal Temporary Home Occupation

Utah State Registration/Number 7030077-0/60 ^{Expired} Utah State Sales Tax I.D. _____
(Available at "One Stop Business Registration") (If Applicable)

(Home Occupation only)

Do you have clients coming to your home? Yes No Will you store equipment at your home? Yes No

What portion of your home will you be using for business purposes? 13 x 13 room

Do you rent or own this property? Own Rent

If you rent:
Property Owner's Name: _____ Property Owner's Address: _____

A Notarized Letter of permission is required if you do not own home. Included in File

I certify that all of the above information is true and understand that any false or incomplete information can cause a license to be denied or my existing business to be closed. Further, I agree to abide by all conditions of the Hyde Park City business license ordinance. I understand that my business may be checked periodically for ordinance compliance,

Jan 3, 2022
Date

Melissa Stokes
Signature

Please submit this application with an application fee of \$20.00. The annual fee for the business license is in addition to this one time application fee. The Land Use Authority or Planning Commission reviews all business license applications and you will be given an appointment time if necessary.

Approval Disapproval (Any Comments on Reverse Side)

Designated Land Use Authority Signature _____ Date _____

	Initial	For City Use Date	Type
Building Inspection (47.00 if needed)			
Fire Inspection			

pd \$45.00
1/30/23