



APPLICATION for a HOME OCCUPATION

For Office Use Only:		Application # _____
		Business License # _____
Application Fee <u>550.00</u>	Date Paid <u>3/29/23</u>	Application Date: <u>3/29/23</u>
Approval/Denial Date _____	Expiration Date (if applicable) _____	Public Hearing Date _____
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 Angelina Jimenez

Street Address 75 E. main st.
Rockville

Contact Person _____
Phone No. _____

Mailing Address P.O. Box 630223
Rockville, UT 84763

Phone No. (435) 632-5129
Fax No. () _____

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

Mailing Address _____

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 Activity: Items will be made at home, I will deliver these items in person or by mail. I will also set up stalls at separate locations for farmers market or special events etc.

Current Zoning _____

- What kind of work will be done in your home? Making small batches of items to be sold locally (farmers market) online etc. People will not come to me to pick items up.
- What kind of material(s) will be stored on the premises? Carrier oils i.e. Jababa, hempseed oil etc. Essential & fragrance oils. Cocoa butter, Shea butter, Citric acid, Collagen, Retinol ect
- How Many employees? 1 (self)

- Will there be any business vehicles parked on the premises? Yes If so, what type? _____
How many? _____
- Will the business necessitate any significant remodeling to the residence? Yes If so, what? _____

- Will this business necessitate the use of an accessory building or yard area? _____
If so, what? Yes at this time, possibly in the future

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

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 [Handwritten Signature] Date 03.29.23

Approvals:	
Criminal Background Check (if required) _____	Date _____
Fire Marshal (if required) _____	Date _____
Planning Commission Approval _____	Date _____