



Community • Prosperity • Choice

RESIDENTIAL FACILITY FOR ELDERLY PERSONS LICENSE APPLICATION

Community & Economic Development Dept. • 437 N Wasatch Dr. • Layton, UT 84041
Phone: (801) 336-3788 • Fax: (801) 336-3789 • www.laytoncity.org

LICENSE #

FACILITY INFORMATION

Business Status (check all that apply): New Facility Location Change (within Layton City) Name Change Ownership Change

APPLICATION DATE: _____ TENTATIVE OPENING DATE: _____

ORGANIZATION NAME: _____

DBA NAME (if applicable): _____

FACILITY INFO: Physical Address: _____
City, State, Zip: _____
Business Phone: _____ Alternate Phone: _____

OWNER/MANAGER INFO: Owner Name: _____
Owner Cell Phone: _____ Alternate Phone: _____
Owner Email: _____
Site Manager Name: _____
Site Manager Phone #: _____ Alternate Phone: _____
Site Manager Email: _____

MAILING INFO: Address: _____ Apt./Unit #: _____
(if different) City, State Zip: _____

DO YOU: OWN this property RENT this property (If renting, you *must* provide a signed *Property Owner Permission Form*)

ADDITIONAL SITES: Does this organization have any additional facility locations in Layton City? Yes No If yes, how many? _____
If Yes, please list the Owner/Manager Name and address of the facility below.

Owner/Manager Name: _____ Address: _____
Owner/Manager Name: _____ Address: _____
Owner/Manager Name: _____ Address: _____

Has this organization registered with the State of Utah, Commerce Department? Yes No If no, please apply at www.osbr.utah.gov

Has this organization registered with the Utah Department of Human Services? Yes No If no, please apply at www.dhs.utah.gov

FACILITY DESCRIPTION:

State License # (DOPL): _____ State License (DOPL) Type: _____

of occupants to live in the Facility: _____ # of "overnight" care personnel: _____ # of bedrooms in the Facility: _____

Describe Your Business In Detail (attach additional sheet if necessary): _____

PUBLIC INFORMATION POSTED ON LAYTON CITY'S WEBSITE:

Layton City typically posts the Name, Address and Business Phone Number of all its local businesses on the www.laytoncity.org website.

Check information you *WOULD LIKE* made available:

Facility Name Facility Primary Phone Number Facility Address

COMPLIANCE QUESTIONS AND STATEMENTS

Residential Facility's for Elderly Persons shall meet all provisions of this application and Chapter 19.06.050.

(By marking each box after reading and completing each section, you agree to comply with all of these provisions):

- This facility has been checked for compliance with zoning regulations and has submitted applications for any additional approvals, such as a Conditional Use, which may be required before this business license can be approved.
- To maintain the appearance of a typical single-family home, no structural alterations that would change the appearance of a single-family home facility have or will be made.
- The facility shall be run in such a manner that the average neighbor, under normal circumstances would not be aware of its existence.
- The facility will have sufficient off-street parking to accommodate all vehicles related to the use.
- No objectionable traffic or parking shall be allowed around the premises.
 - Will there be visitors? Yes No
 - How many per week? _____
 - Describe where visitors will park: _____
- The facility is owned by one of the residents or by an immediate family member of one of the residents or is a facility for which the title has been placed in trust for a resident.
- The facility will not be occupied by more than eight (8) elderly persons in a family type arrangement.
- Is not located within three quarters (3/4) mile of another residential facility for elderly persons.
- Placement in an elderly facility shall be on a strictly voluntary basis.

- The facility shall include no window displays and signage shall be limited to an identification sign which does not exceed four (4) square feet, located on a single wall or window.
 - Please provide signage dimensions and location (if one is desired): _____

- This application shall be reviewed by the Community Development Director for approval. The decision may be appealed to the Board of Adjustment. Such appeal shall be applied for within 30 days of the Community Development Director's decision. If the Board of Adjustment approves the application, the Community Development Director shall issue a Permit.
- The Community Development Director may revoke the Residential Facility Permit for violation of any provision of Layton City code.
- Inspections may be performed without notice to ensure compliance to this ordinance.

APPLICANT'S AGREEMENT

This form is an application for a business license. The actual license will be issued only when the business is in compliance with all local, state, federal, fire and building codes and all inspections are completed and signed off by the various City departments. Missing or incomplete information on this application may significantly increase approval time.

It is unlawful for any person either directly or indirectly to conduct or operate any business or nonprofit enterprise or to use in connection therewith any vehicle, premises, machine or device in whole or in part, without first obtaining a license to do so and without keeping such license in effect at all times during the conduct or operation thereof. (Layton City Municipal Code 5.04.020-1)

No business license shall be transferred from one person to another, nor from one location to another. (Layton City Code 5.04.130)

I, the undersigned, hereby agree to conduct said Home Occupation strictly in accordance with all Layton City codes governing such business, and swear under penalty of law that the information contained herein is true and correct to the best of my knowledge. I understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. I also acknowledge the responsibility to renew the Layton City business license within 15 days of my expiration date. A \$40 late fee will be assessed 16 to 45 days after expiration and a \$65 late fee will be assessed 46 days after expiration.

Applicant Signature: _____

Date: _____

Please Print Your Name: _____

OFFICE USE ONLY

Revised 07/30/15

Planning Division: _____ Approved _____ Denied _____ Date _____
Building Division: _____ Approved _____ Denied _____ Date _____
Licensing Officer: _____ Approved _____ Denied _____ Date _____
Zoning District: _____ Conditional Use Permit Required? Yes No
Reason/Comments: _____

Receipt #: _____	License # _____
Received By: _____	Date: _____
Amount: _____	2% Fee: _____
Type of Payment:	
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card	