



All Nibley City business licenses expire on December 31<sup>st</sup> of each year. Annual renewal of a business license is the responsibility of the business owner. Failure to receive a renewal notice does not excuse a business owner from renewal.

By signing this application, you agree to the following:

- I/We are aware that this application *does not constitute approval to operate a business.*
- I/We have read the following and agree to conduct business strictly in accordance with all ordinances, codes and regulations set forth by Nibley City, Cache County, the State of Utah, and Federal standards, whichever applies.
- I/We also agree that no other type of business will be conducted other than what has been stated above.
- I/We attest that all information on this application is true and correct.

  
Signature

Date 9/3/14

Kaden Hardy / Member  
Print Name/Title

**FOR OFFICE USE ONLY**

Zone of Proposed Business: \_\_\_\_\_ Permitted Use?:  Yes  No  
License Number: \_\_\_\_\_ Fees Paid: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Comments/Conditions of License: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Shari Phippen, City Planner Date \_\_\_\_\_

\_\_\_\_\_  
Bill Saunders, Building Inspector Date \_\_\_\_\_



APPLICATION FOR CONDITIONAL USE PERMIT/BUSINESS LICENSE

Office Use Only
Date Received
Fee Paid
Rec'd By

Name Nadean S. Lescoe
Address 2990 So. 1000 W. Nibley, UT. 84321
Phone 435-752-5902 Cell 435-512-3047 Fax
Email lescoen@ogdensdi.org

Please describe the reason you are requesting a conditional use permit/business license:

[X] Home Office Sales Manufacturing Day Care
Other (please describe):

Proposed business name: Nadean S Lescoe - SLP Services

Description of business: I contract with Home Health Care agencies to provide speech-language therapy to homebound clients

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: No effect since I work in the clients home and all therapy materials are stored in my office (books mostly)

Do you plan to employ persons not living at this address as part of the business? Y (N)

Will those employees be working in your home or at another location? Please describe:

Do you plan to conduct any of the business in an accessory building at this address? Y (N)

How many clients will visit this location weekly? 0

Describe how you will provide parking for client visits (if applicable): Not needed

Will you have business vehicles which will require parking accommodations? Y (N)

If so, please describe the vehicles and parking plans:

How many business shipments do you anticipate sending and receiving from this location each month and how will these deliveries be shipped? None (occasional therapy book by mail)

Will you be able to provide adequate indoor storage for these deliveries? Y N NA

If applicable, describe any signs at this address which will advertise the business: None

Nibley City Planning & Zoning