



NIBLEY CITY
APPLICATION FOR CONDITIONAL USE PERMIT
& BUSINESS LICENSE

Date: _____

This form must be completed and returned to city staff prior to being scheduled to appear on the Planning Commission agenda. In addition, please bring a copy of this application with you when you meet with the Planning Commission to discuss the conditional use application.

Applicant: Danny Wise

Address: 235 Quarter Circle Dr.

Phone: 881 7911 (Home) _____ (Work) 770 4398 (Cell)

Lot Size: _____

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

Home Office Sales Manufacturing Day Care

Other (please describe): mow lawn

Proposed business name: DAC-WISE

Description of business: mow lawn

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: Should not affect neighborhood, lawn mowers are in garage

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: no

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): NA

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? 0

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

If applicable, describe any signs at this address which will advertise the business: NO SIGN

By signing below, you agree to the following:

To the best of my knowledge, the information I have provided in this application is true and complete. I understand that the Planning Commission may use the information provided in this application to establish limitations and conditions on the business-related activity at this location. Failure to comply with these limitations and conditions will invoke a review of any conditional-use permit that may be issued. I further agree to operate my home business in accordance with any applicable Utah State Code and Nibley City ordinance.

Danny Wiser
Danny Wiser (Print Name)

3-28-14
Date

FOR OFFICE USE

Date Application Received: _____

Fees Paid: \$ _____

Planning Commission Meeting: _____

Planning Commission Action: _____ issued _____ denied

Planning Commission Conditions/Limitations:

Aaron Bliesner, Planning Commission Chair

Date



NIBLEY CITY
COMMERCIAL BUSINESS LICENSE APPLICATION

Date 7 April 2014

REGISTERED BUSINESS NAME Historic Pianos DBA _____

Location of Business 2340 S. Heritage Dr. Unit J Nibley 84321
Street Number State Zip Code

Business Telephone (408) 981 6833 Business Fax () _____

Contact Person Ralph B. Nielsen Title Proprietor Telephone () 408 981 6833
historicpianos@gmail.com

Type of Organization: Corporation Partnership Sole Proprietorship LLC

Utah State Sales Tax # New Federal ID # _____ Employer Withholding No. _____

Utah State License # _____ License Type _____ Expiration _____

(If business is a corporation, partnership or LLC)

Parent Corporation Name NA

Corporate Address _____
Street Number State Zip Code

Corporate Telephone () _____ Corporate Fax () _____

Corporate Contact _____ Title _____ Telephone () _____

(If business is a sole proprietorship)

Name of Owner Ralph B. Nielsen Title Proprietor Telephone 408 981 6833

SSN _____ DOB _____ DL _____

State UT

Emergency Contact Laura F. Nielsen Position Spouse

Telephone () 703 855 8250 Email Address Lfnelsen@earthlink.net

Hours of Operation irregular Number of FT Employees 1 Number of PT Employees 0

Has this business been registered with the Utah State Commerce Department? Yes No

EPA Hazardous Materials on site? Yes No

Detailed description of business operation Restoration of antique keyboard instruments, especially pianos. May occasionally host small music recitals for teachers. May sell some instruments & musical accessories.

All Nibley City business licenses expire on December 31st 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.

Ralph B. Nielsen
Signature

Date 7 April 2014

Ralph B. Nielsen, Proprietor
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 _____



NIBLEY CITY
APPLICATION FOR CONDITIONAL USE PERMIT
& BUSINESS LICENSE

Date: 3/27/14

This form must be completed and returned to city staff prior to being scheduled to appear on the Planning Commission agenda. In addition, please bring a copy of this application with you when you meet with the Planning Commission to discuss the conditional use application.

Applicant: CAROL ANN SUPPORT NETWORK
Address: 1472 HOLLOW ROAD NIBLEY UT 84321
Phone: (Home) 435-915-3424 (Work) (Cell)

Lot Size:

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

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

Proposed business name: CAROL ANN SUPPORT NETWORK

Description of business: Home Health and Hospice. Will have one full time nurse who spends most of her day in the community but requires a home office to complete administrative duties.

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: This will be a home office for the RN to complete administrative tasks only. All other business activity will be out of the main office in Kayville.

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

Will those employees be working in your home or at another location? Please describe: They will be coordinating work from out of the Kayville office and will not be going to the home address.

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): NA

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? 0

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: NA

By signing below, you agree to the following:

To the best of my knowledge, the information I have provided in this application is true and complete. I understand that the Planning Commission may use the information provided in this application to establish limitations and conditions on the business-related activity at this location. Failure to comply with these limitations and conditions will invoke a review of any conditional-use permit that may be issued. I further agree to operate my home business in accordance with any applicable Utah State Code and Nibley City ordinance.

Joken Huber
Joken Huber (Print Name)

3/30/14
Date

FOR OFFICE USE

Date Application Received: _____

Fees Paid: \$ _____

Planning Commission Meeting: _____

Planning Commission Action: _____ issued _____ denied

Planning Commission Conditions/Limitations:

Aaron Bliesner, Planning Commission Chair

Date