



APPLICATION FOR CONDITIONAL USE PERMIT/BUSINESS LICENSE

Office Use Only

Date Received \_\_\_\_\_

Fee Paid \_\_\_\_\_

Rec'd By \_\_\_\_\_

Name BRYAN M. HANSEN
Address 4263 Hollow Road
Phone 435-245-2168 Cell 435-770-7798 Fax
Email Scragdivine@gmail.com

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

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

Proposed business name: Scrag LLC

Description of business: Invent and coordinate manufacturing and distribution of products (houseware gadgets)

Describe how the proposed business activity will or will not affect the residential neighborhood surrounding the business location: No affect on neighborhood. Only delivery of packages via long distance carriers (ie: FedEx, UPS)

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: products will be manufactured at other location

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):

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? 4-10 shipments/deliveries

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:

Nibley City Planning & Zoning