



CITY OF  
**REXBURG**  
*America's Family Community*

(Use Explorer to Email)

Office Use Only Registration No. _____
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**APPENDIX E – HOME OCCUPATION PERMIT**  
(Certificate of Business Registration)

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ADDITIONAL INFORMATION		
Hours of Operation _____	Number of deliveries per wk. _____	Type of delivery vehicle _____

I, (print name) \_\_\_\_\_, the undersigned applicant for a home occupation permit hereby state that all information given is true and correct, and that I am aware of and agree to comply with the requirements set forth in **Rexburg City Ordinance 1026 Section 4.10**, and further understand that if any of said requirements are violated, the certificate and permit herewith applied for shall become null and void. Go to [www.rexburg.org](http://www.rexburg.org) or contact City Hall for a copy of the applicable city ordinances.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_