HOME OCCUPATION LICENSE APPLICATION

NEW: ☐ RENEWAL: ☐ DAYCARE: ☐

CHANGE OF ADDRESS: ☐ Old Address: _____

Name: _____
LAST FIRST MIDDLE

Address: _____ **Phone:** _____

Legal Description of Property: _____

Describe briefly the home occupation: _____

_____

How long has the home occupation been at this address? _____

How many employees, if any will function at this address? _____

What types of materials, equipment, or vehicles are used in the home occupation, and where are they stored? _____

_____

Number of square feet used in conjunction with the home occupation? _____

_____ _____
Signature Date

For Official Use Only

APPROVED: ☐ DISAPPROVED: ☐

City Inspector: _____ Date: _____

License Number: _____ Issue Date: _____

Zone: _____