



QUESTIONNAIRE FOR A HOME OCCUPATION LICENSE

(This questionnaire should be attached to the Business License Application)

Instructions: *This form must be completed in its entirety. Please read all information contained herein carefully. Any sections of this application form left incomplete or with inadequate responses may result in rejection of the application. Be as clear and as detailed as possible.*

Under limited circumstances, home occupations are allowed in zoning districts that otherwise would not permit business operations (see Section 405.630 of Municipal Code of Ordinances). The definition of a home occupation is as follows:

HOME OCCUPATION: Any occupation or activity which is clearly incidental and secondary to the use of the premises for dwelling purposes and which is carried on wholly within a main building or accessory building by a member(s) of a family residing on the premises.

1. Applicant's Name:

2. Business Name:

3. Type of Business:
Describe the type of business in detail:

4. Physical Address:

5. Additional Information:
Approval of a home occupation license depends, in part, on the responses to the following questions. By indicated either "YES" or "NO" to the following questions, you are indicating that the home occupation will represent that answer for the duration of the license.

1. Will the business be operated ONLY by family members residing on the premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Will there be any changes made to the outward appearance of the dwelling or property, either in part or as a whole, made as a result of the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Will the business generate traffic or parking use in excess of what is normal for surrounding residential uses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Will the business create any hazard to persons or property, such as electrical interference or become a nuisance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Will the business result in outside storage or display or anything (including materials, equipment, vehicles, etc.) associated with the business? If yes, please describe: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. BUSINESS TYPE:

The following list contains all of the categories of business that qualify for home occupation licenses. **You MUST select one of the options below.** If your proposed business does not match one of the categories listed below, select "Other" and provide a detailed description of the nature of the work and operations that will occur in relation to the occupation. Please bear in mind that you may have to file additional paperwork requesting a Conditional Use Permit for your business through the Building Official if your business is not allowed per the City's Land Use Regulations.

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| Barber Shops & Beauty Parlors (One (1) Chair Only | Dressmaking, Sewing or Tailoring |
| Direct sale product distribution
(e.g. Amway, Avon, Tupperware, clothing, etc.) | Family Day Care (6 or less children) |
| Home Crafts
(model making, rug weaving, lapidary work, cabinet making, etc.) | Home Offices (architects, lawyers, clergymen,
accounts, contractors, etc.) |
| Music, Tutoring & Art Teachers | Office Use (telemarketing, computer programming,
desktop publishing, etc.) |
| Painting, Sculpting or Writing | Other: _____ |

7. SIGNATURE:

By signing, I hereby certify and acknowledge the information provided on this questionnaire is true and correct. I have read and understand the procedures and requirements associated with this application and the review process.

Applicant Printed Name

Title

Applicant Signature

Date