



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

6.	<p>The following list contains all of the categories of business that qualify for home occupation licenses. You MUST select one of options listed below. If your proposed home occupation does not match one of the categories listed below, then select "Other" and provide a detailed description of the nature of work and operations that will occur in relation to the occupation. (Please circle one)</p>
	a. Barber shops and beauty parlors - with only one chair.
	b. Dressmaking, sewing and tailoring.
	c. Direct sale product distribution (e.g. Amway, Avon, Tupperware, etc.), provided parties for the purpose of selling merchandise or taking of orders shall not be held more than once a month, shall be limited to ten (10) customers and shall be held between the hours of 9:00 a.m. and 10:00 p.m.
	d. Family day care home, meaning a day care for 6 or fewer children and no more than three children under the age of two at any given time.
	e. Home crafts, such as model making, rug weaving, lapidary work and cabinet making
	f. Home <i>offices</i> for architects, engineers, lawyers, realtors, insurance agents, brokers, ministers, rabbis, priests, salesman, sales representatives, manufactures representatives, home builders, home repair contractors and similar occupations. This category includes operations such as telephone answering and bookkeeping activities but does not include using the home as a base of operations where employees not residing in the home report to the premises.
	g. Music and art teachers or other tutoring services limited to four students at a time.
	h. Office uses, such as computer programming, data processing, telemarketing, desktop publishing.
	i. Painting, sculpturing or writing.
	j. Telephone answering.
	k. Other (describe in detail):
7.	<p>If the proposed occupation will have any patrons, customers or clients arriving at the residence for any purpose related to the business, please estimate the maximum number of such patrons that may arrive throughout any given day:</p> <p>Also, estimate the maximum number of patrons arriving at any given time during the day:</p>
8.	<p>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.</p> <p>Signature: <input data-bbox="391 1675 1409 1724" type="text"/></p> <p>Date: <input data-bbox="337 1730 509 1766" type="text"/></p>