HOME OCCUPATION APPLICATION

APPLICANT NAME:_____

ADDRESS: _____

BUSINESS NAME:_____

ADDRESS: _____

PHONE# HOME _____BUSINESS #_____

NATURE OF BUSINESS _____

DATE OF APPLICATION: _____$50.00 FEE PD_____

PLEASE ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS:

1. IS ANYONE OTHER THAN THE MEMBERS OF YOUR FAMILY WHO RESIDE IN YOUR HOME INVOLVED IN YOUR BUSINESS?_____
2. IS MORE THAN 25% OF YOUR HOME USED FOR YOUR BUSINESS?_____
3. IS THERE OR WILL THERE BE ANY CHANGE IN THE OUTSIDE APPEARANCE OF YOUR HOME?_____
4. WILL ANY NOISE BE HEARD BY YOUR NEIGHBORS IN RELATION TO YOUR BUSINESS?_____
5. WILL YOUR BUSINESS CAUSE ANY VISIBLE/ PERCEPTIBLE EVIDENCE THAT BUSINESS IS BEING CONDUCTED IN OUR HOME?_____
6. WILL THERE BE ANY SALES OF PRODUCTS, COMMODITIES OR SERVICES FROM YOUR HOME? (THIS DOES NOT INCLUDE OVER-THE-PHONE SALES)_____
7. WILL EQUIPMENT BE USED IN YOUR BUSINESS? _____ IF YES, PLEASE EXPLAIN:_____
8. WILL THERE BE ANY STORAGE OF EQUIPMENT OR MATERIALS AT YOUR RESIDENCE IN RELATION TO YOUR BUSINES?_____
9. WILL ANY CHEMICALS BE USED OR SOLD IN CONNECTION WITH YOUR BUSINESS?_____IF YES, PLEASE EXPLAIN:_____
10. WILL TRAFFIC BE GENERATED BY YOUR BUSINESS OTHER THAN THE NORMAL DAY-TO-DAY TRAFFIC OF YOUR RESIDENCE?_____ IF YES, PLEASE EXPLAIN_____

11. WILL THERE BE ANY DELIVERIES TO YOUR HOME OF PRODUCTS, EQUIPMENT, RAW MATERIALS, OR COMPONENTS BY MOTOR FREIGHT SERVICES. (DO NOT INCLUDE UPS TYPE DELIVERIES)_____

12. WILL THERE BE ANY VEHICLES WITH ADVERTISING SIGNS FOR YOUR BUSINESS PARKED AT YOUR RESIDENCE AT ANY TIME?_____

13. WILL THERE BE ANY OVERNIGHT EQUIPMENT OR VEHICLE STORAGE AT YOUR HOME?_____

14. WILL THERE BE EMPLOYEE PARKING AT YOUR HOME IN CONNECTION WITH YOUR BUSINESS?_____

15. IS YOUR PROSPECTIVE BUSINESS ANY OF THE FOLLOWING OR SIMILAR TO ANY OF THE FOLLOWING? ANSWER "Y" OR "NO" TO EACH ITEM LISTED:

BEAUTY SHOP_____	APPLIANCE REPAIR_____
BARBER SHOP_____	PHYSICIANS OFFICE_____
PHOTOGRAPHY STUDIO_____	PHYSICIAN'S OFFICE_____
VEHICLE/BOAT REPAIR_____	ATTORNEY'S OFFICE_____
AUTO PAINTING/BODY _____	INSURANCE OFFICE_____
REAL ESTATE OFFICE_____	VETERINARY OFFICE_____
PRINTER/ENGRAVING SHOP_____	GREENHOUSE_____
CABINET MAKING/MILL WORK_____	WELDING SHOP_____
TV, RADIO OR ELECTRONIC SERVICE OR SALES_____	

I HAVE BEEN GIVEN A COPY OF, AND WILL ABIDE BY; THE RESTRICTIONS SET FORTH IN ORDINANCE # 532 OF THE CITY OF RED BANK, TENNESSEE. I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF, FOR ANY REASON, I CANNOT ABIDE BY ANY OF THESE REGULATIONS, I WILL CEASE MY BUSINESS ACTIVITIES IN MY HOME AND EITHER MOVE MY BUSINESS TO A COMMERCIALLY ZONED AREA OR HALT MY BUSINESS ACTIVITIES ALL TOGETHER.

THIS APPLICANT UNDERSTANDS THAT INFORMATION FURNISHED ON THIS DOUCMENT WILL BE MADE PUBLIC KNOWLEDGE AND BY SIGNING AUTHORIZES THE CITY TO PROVIDE A COPY OF THIS DOCUMENT FOR DISTRIBUTION.

SIGNATURE OF APPLICANT:_____
DATE:_____

CHECKED DATE:_____
GRANTED_____ DENIED_____

_____
Signature of Codes Enforcement Official