

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 BUSINESS? _____
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 COMMERCIALY 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