**Home Occupation**

**Registration/Application Form**

Please answer the following questions to the best of your ability. If you need more space you may include other paper. A Home Occupation Permit will be issued once the City Administrator has approved your application. You are required to renew your Home Occupation Permit annually. Please notify City Hall if you plan to move or sell your business. This application should be returned to the City Clerk’s office once completed.

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type/description of business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long has your business been established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you physically altered the appearance of your residents, in any way, to comply with your business: \_\_\_\_\_\_\_\_

What percentage of your home is used solely for the operation of your business: \_\_\_\_\_\_\_\_\_\_\_\_\_

How many people are employed by your business (including yourself) actually work in your house: \_\_\_\_\_\_\_\_\_\_

Is this a service-orientated business: \_\_\_\_\_\_\_\_\_\_

Does your business provide parking for employees & where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your business have a sign: \_\_\_\_\_\_\_\_\_\_\_\_\_

Does your business require storage of material or equipment: \_\_\_\_\_\_\_\_\_\_\_\_

If yes, what types of material/equipment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are deliveries made to your business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Applicant understands, by signature, that by completing this application, issuance of Home-Based Business Permit is NOT guaranteed.***

***Also, if a permit is granted, in the event of death of the original applicant, the permit is terminated and that a surviving spouse or child may apply to the City Council for permission to continue operation of said business and that the permit is revocable by order of the City Council of Dakota City.***

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR OFFICE USE ONLY**

**PERMIT GRANTED YES NO Permit Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City Clerk Date**

**(SEAL)**