



# HOME OCCUPATION QUESTIONNAIRE

The following is a questionnaire for Business License applications to complete when the proposed business location will be in their home. The Triple S Planning Commission staff will review this information to determine if the business will be termed a "Home Occupation" or "Agricultural Home Occupation" under Article II of the Zoning Regulations.

APPLICANT INFORMATION	
APPLICANT NAME:	
ADDRESS:	
PHONE:	EMAIL:
SIGNATURE:	DATE:
BUSINESS INFORMATION	
BUSINESS NAME:	
ADDRESS:	

Please answer the following questions in as much detail as possible so that our staff will have adequate information to determine if your business can be approved.

1. What type of business do you operate?
2. What type of work will take place at this location?
3. Will you have employees working in the home? YES or NO If "Yes", please list their residence address
4. Where, on your property, will your office be located?
5. What is the square footage of the office area?
6. What is the square footage of your home?
7. What type of equipment will be used in conjunction with this business at this location?
8. Will there be any storage of equipment, materials, supplies or goods stored at this address? YES or NO If "Yes", please list:
9. Will there be customers coming to your home? YES or NO
<i>FOR OFFICE USE ONLY</i>
APPROVED or DISAPPROVED
BY: _____ DATE: _____