



Business License # _____

Home Occupation Supplemental Form

Business Name: _____

Location Address: _____

Please describe in detail the type of business you will be conducting at your residence

Please describe the products or services you will provide. Include types of products and quantities stored

Please describe the equipment you will be using. Include types of equipment that will be stored

Signature: _____ Print Name: _____ Date _____

Planning Dept. Approved /Disapprove Date _____ Initials/Comments _____