

## APPLICATION FOR HOME-BASED BUSINESS PERMIT

*Command Policy 210-21-24*

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5 USC 552a; Title 10, USC 3013.

**PRINCIPAL PURPOSE:** The requested information will be used by the Senior Commander or their designee to determine whether or not to grant this request IAW AR 210-7, DoDI 1344-07, USFJ Instruction 36-1001, USARJ Regulation 600-50.

### HOME-BASED BUSINESS OWNER

Name (Last, First, MI)		Name of Business	Home Phone Number
Address of Proposed Business		Email Address	Cell Phone Number
Installation and Permit Number if Previously Approved			Previously Approved? <input type="checkbox"/> YES <input type="checkbox"/> NO
Sponsor's Name/Grade or Rank		Sponsor's Unit/Work & Cell Phone Number	DEROS Date
Mailing Address	Briefly describe the proposed business activity		
Business Category	Spouse Owned and Operated?	Application Submission Date	

The following rules are written to ensure that a HBB does not negatively affect the safety, community tranquility, or the good order and discipline of an Army installation. The business owner acknowledges that the following conditions must be met by checking next to each question below.

- The HBB owner is responsible for obtaining necessary forms, approvals, certifications and licenses (if applicable), and liability insurance prior to opening/operating.
- The HBB owner is responsible for any damages to third parties arising from the conduct of their business.
- HBB owners providing child care must register with the installation Child and Youth Services office as part of the Family Child Care (FCC) provider system and complete any necessary background checks.
- The HBB owner is required to comply with and is subject to inspection by the appropriate city, county, state or federal agency, office or department for compliance with applicable laws, codes, regulations and requirements.
- HBB's involved in food preparation need to be approved by Department of Public Health and/or the Local Health Department. The applicant must provide documentation that states the HBB meets all applicable food safety and sanitation conditions.
- The HBB owner and household family members must complete a CNACI background check if the HBB offers services that regularly interact with children under 18 years of age.
- The residential character of the property shall be maintained. The HBB may not occupy more than 25 percent of the home's gross floor area. Parts or materials related to the HBB shall be screened from public view and will be limited to the interior of the structure or the side and rear yards of the property. Signage is limited to what can be displayed in a single window from the inside and may not be illuminated.
- Customers may only patronize a HBB between the hours of 0600 and 2000.
- Noise, vibrations, or odors shall not be detectable beyond the property line.
- The HBB Owner has read and signed the Statement of Understanding.

The HBB owner residing in privatized on-post housing must obtain approval to operate in writing from the Housing Manager before submitting a request to the Senior or Garrison Commander.

Home-Based Business Owner: I certify that the above statements are true and that I have read and will abide by the rules above and any additional guidance contained within the installation's HBB command policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTALLATION COORDINATION

Directorate/Office	Building	Telephone #	Recommendation		Digital Signature	Date
USAG Housing Manager	671	(315) 263-3527	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved		
Department of Public Health (if applicable)	704	(315) 263-5050	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved		
MWR Home-Based Business Coordinator	102	(315) 263-5962	Application Turn-in			
Judge Advocate General (Legal Review)	101	(315) 263-3156	<input type="checkbox"/> No Legal Objection	<input type="checkbox"/> Legally Insufficient		

### INSTALLATION APPROVAL AUTHORITY

I have reviewed the above application for HBB permit and I have decided to  approve /  disapprove

Expiration Date: \_\_\_\_\_  
(3 years from date of signature unless otherwise indicated)

**CHRISTOPHER L. TOMLINSON**  
COL, MI  
Commanding