



BACKGROUND INFORMATION

PERMIT NUMBER _____
(To be completed by Zoning Staff)

Applicants Name: _____ Parcel #: _____ Zoning: _____
● Address: _____
● City: _____ State: _____ Zip: _____
● Telephone Number (s): _____
● Email Address: _____

Current Property Owner's Name: _____ Same as above
● Address: _____
● City: _____ State: _____ Zip: _____
● Telephone Number (s): _____
● Email Address: _____

Yes No Do you rent your home? If yes, provide the name of the landlord/owner of the property and attach an affidavit from the owner that you have permission to operate a business at this address.

HOME BASED BUSINESS INFORMATION

Type of Application: Individual Partnership Corporation
Business Name: _____ Corporate Name: _____
Website Address: _____ Sale Tax #: _____
Business Phone: _____ Business Fax: _____
Type of Home Business: _____

Yes No Have you acquired a DBA certification through the Sangamon County Clerk's Office?

Describe in detail the business, how it is operated, and if any furniture/equipment is involved:

Relating to your **business only**, please answer the following. If you answer yes to any question, please explain further below:

Yes No Will you allow clients or customers to come to your home?

How many persons will be coming to your home in conjunction with the operation of the business and why will they be coming to your home? _____

Yes No Will you have any employees (other than those living in the home) who work in your home?

Yes No Will any employees come to your home?

Number of persons employed in the business who do not live in the home. _____

Number of persons employed in the business who live in the home. _____

What hours will your employees be at the location? _____

Yes No Will you handle, store, or sell food products or alcohol?

Yes No Will you handle, store, or sell tobacco products?

Yes No Will you handle animals in your home?

Yes No Will you manufacture anything?

Yes No Will you handle, store, or sell any hazardous materials or equipment?

If the sales of any goods or services takes place on or from your home, describe what is sold, how and where it is produced, where it is stored, and where, how, and to whom it is sold.

Yes No Will you have a vehicle or trailer associated with the business? If yes,

● Describe the vehicle(s): _____

● License plate type and number: _____

● Describe where the vehicle will be parked: _____

Yes No Will there be a sign, located at the home, advertising the business?

What size is the sign? _____

What will the wording be on the sign? _____

Yes No Do you have ample off street parking?

How many off street parking spaces can be provided on this property? _____

Please identify the approximate total area of your home and the total area of the home to be used for the business, (including the attached garage if it is used in conjunction with the business). Total square footage used for the business cannot exceed 25% of the entire floor area.

● Total area of home: _____ sq. ft. Total area used for the business: _____ sq. ft.

Yes No Is there another home based business being conducted on the premises?

● If yes give name of business(es). _____

Yes No Can you state that the conduct of the Home Occupation SHALL NOT generate noise, odors, fumes, electrical interference, vibrations or any other condition detrimental to adjacent properties?

Signature of Applicant

Date