

HOME OCCUPATION QUESTIONNAIR

Please Fill Out and Return To:
City of West Plains, License Clerk
P.O. Box 710, 1910 Holiday Lane
West Plains, MO 65775

Applicant Name: _____

Business Name: _____

Address: _____

1. Describe type of business you propose to conduct: _____

2. Will this business be conducted entirely within your residence as it relates to activities at your residence? Yes _____ No _____

3. Will there be any employees other than your immediate household? Yes _____ No _____
If so, describe: _____

4. Is the dwelling used mainly as your family residence? Yes _____ No _____

5. How many vehicles are used in conjunction with the business? _____

6. Will anything be made on the premises? Yes _____ No _____.
If so, describe what & how it will be made: _____

7. What equipment and machines are used in the business? _____

8. Will anything be stored on the premises? Yes _____ No _____.
(If in car, van, truck, so state): _____

9. Will there be any materials, goods, supplies delivered to the residence? Yes _____ No _____.
If so, state how frequency: _____

10. Will any customers or clients come to your home? Yes _____ No _____.
If so how many per day? _____

11. How is contact made with customers or clients? _____

12. Will any items be sold on the premises? Yes _____ No _____.
If so, describe: _____

13. Will any other location be used in conjunction with this business? Yes _____ No _____
If so, describe: _____

14. If product is sold or distributed, how is it delivered to the customer? _____

15. Is outside signage planned? Yes _____ No _____.

16. Is customer parking planned (other than named residents)? Yes _____ No _____.

FOR APPLICANT: In signing this document, I state that I have received, read and understand the "Ordinance for a home occupation" and that I will abide by all such regulations. I realize that a violation of these items justification for revoking my licenses and prosecution for a zoning violation.

Signature of Applicant _____ Date _____