

**APPLICATION TO CONDUCT
HOME BUSINESS
VILLAGE OF MOUNT GILEAD**

1. NAME _____

2. ADDRESS _____

3. DESCRIPTION OF BUSINESS _____

4. CHECK APPROPRIATE SPACE WHERE YOU WILL CONDUCT BUSINESS:

HOME

ACCESSORY BUILDING

OTHER (Describe on back)

5. HOW MANY SQUARE FEET OF FLOOR SPACE DO YOU HAVE IN YOUR HOME? HOW MANY SQUARE FEET OF FLOOR SPACE DO YOU PLAN TO USE FOR THE HOME BUSINESS IN THE BUILDING YOU CHECKED? _____

6. I UNDERSTAND THAT ONLY FAMILY MEMBERS RESIDING ON THE PREMISES SHALL BE ENGAGED IN THE BUSINESS. YES / NO

7. I HAVE RECEIVED A COPY OF CHAPTER 733, CODIFIED ORDINANCE OF THE VILLAGE OF MOUNT GILEAD, ESTABLISHING THE REGULATIONS FOR HOME BUSINESSES. I UNDERSTAND THE REGULATIONS AND WILL ABIDE BY THEM. YES / NO

SIGNATURE OF APPLICANT / DATE _____

OFFICE USE ONLY

APPLICATION IS: APPROVED DENIED

IF DENIED, REASON? _____

ADMINISTRATOR _____ DATE _____

TELEPHONE NUMBER 419-946-1931

Fee \$100.00