



APPLICATION FOR HOME OCCUPATION LICENSE
(NON-TRANSFERABLE)

\$50.00 NON-REFUNDABLE FEE

For the year January 1st until December 31st

Date: _____

Property owner's Name and Contact Information: _____

Name of Business, Firm or Entity: _____

Name of Applicant (Individual or Principal): _____

Address (if different from above): _____

Describe exact service or nature of business (be specific): _____

Business Hours: _____

Business Telephone: _____ Home Telephone: _____

Total square feet of Dwelling: _____

Total square feet of Home Occupation: _____

Outside storage of material or equipment of any kind is prohibited.

Indicate Vehicles related to Home Occupation:

of Vehicles: _____

1. Make: _____ Model: _____ Year: _____

License Plate #: _____ Gross Vehicle Weight: _____

2. Make: _____ Model: _____ Year: _____

License Plate #: _____ Gross Vehicle Weight: _____



Two street parking:

Vehicle #1

Make: _____ Model: _____ Year: _____

License Plate #: _____ State: _____

Owner Name and Address: _____

Vehicle #2

Make: _____ Model: _____ Year: _____

License Plate #: _____ State: _____

Owner Name and Address: _____

List any additional Employees for Home Occupation:

Name: _____

Address: _____

State whether any article or item of merchandise is being sold or offered for sale from the home premises:

Yes: _____ No: _____

CERTIFICATION

The undersigned applicant does hereby certify that all the foregoing statements made by me are true and accurate to the best of my knowledge. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Zoning Officer Approval:

Signature

Date

Borough Clerk Approval:

Signature

Date