information will be used by t is designed as a template to			_		not to grant this	request. Th	nis checklist
		Home	e-Based Busines	s Owner			
Name (Last, First, MI)		Name of Business			Telephone Number		
Address of Proposed Business:			Email Address:			Previously Approved?	
Installation if Previously Appro					YES	NO	
Briefly describe the proposed	business a	ctivity:					
Business Category: Spouse			se Owned and Operated?		Application Submission Date:		
<u> business Category:</u>		Spouse Owned and Operated?			Application Submission Date.		
an Army installation. The business owner acknowledges that the following conditions must be met: The HBB owner must obtain the requisite permissions, 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, Youth and School Services office as part of the Family Child Care (FCC) provider system. 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 may need to be approved by Army 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 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 residing in privatized on-post housing must obtain approval to operate in writing from the community 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 any additional							
guidance contained within the ins					,		,
Signature:			Dat				
Directorate / Office	Building	Telephone #	stallation Coordination Recommendation		Initial	D	ate
Directorate, Family, Morale, Welfare and Recreation	1045 Rm. 220	907-353-7788	Application Pick-up		IIIIIIII		
North Haven Community Manager	4268	907-353-6711	Approval	Disapproval			
Directorate, Family, Morale, Welfare and Recreation	1045 Rm. 220	907-353-7788	Applica	ation Turn-in			
Judge Advocate General (Legal Review)	==0		No Legal Objection	Legally Insufficient			
Reason for Dissaproval				•	•		
		Inetal	llation Approval A	Authority			
I have reviewed the above appi	cation for H			approve / disapprove circle one	same.		
Expiration Date: (3 years from date of signature unless of	herwise indicat	red)		JASON A. COLE COL, LG Commanding			

DATA REQUIRED by the PRIVACY ACT of 1974. Authority: Title 5 USC 552a; Title 10, USC 3013. Purpose(s): The requested