Print Form

City of Sunset Hills

HOME OCCUPATION

APPLICATION FOR INSPECTION, PERMIT & LICENSE

Business Name: _____

Business Address: _____ **Phone:** _____ **Zip:** _____

MO Tax # _____ **Square footage occupied by business:** _____

Name: _____ **Title:** _____ **Phone:** _____
(Give name of local officers or managers)

Name: _____ **Title:** _____ **Phone:** _____
(Give name of local officers or managers)

Nature of Business: _____

Legal Name of Owner (s): _____

Estimated annual volume of Gross Receipts – Sales: _____

Days and hours of operation: _____ **Opening Date:** _____

Business Ownership: (Please check one)

Proprietorship: ☐ **Partnership:** ☐ **Corporation:** ☐

Inspection Date and Time: _____

_____ _____
Signature **Print**

Owner, Partner, Officer or representative authorized to warrant that the above information is true and correct.

No person, firm or corporation shall commence business without first applying to the City Clerk and obtaining a license to conduct such a business. If the home occupation is determined as a CONDITIONAL USE per Ordinance #986, the CONDITIONAL USE will need to be reviewed by The Planning and Zoning and then granted or denied by the Board of Aldermen. A representative must be present at these meetings in order for the permit and license to be approved.

Home Occupation Type: _____

Inspection Information	(ok if checked)		
1. Subordinate Use……	_____	Initials:	_____
2. Exterior Alteration……..	_____		
3. Storage……..	_____	Date	_____
4. Equipment, Noise, Odor, Vibration……	_____		
5. Hazardous Operation……..…	_____	Pass:	_____
6. Occupancy Established……	_____		
7. Parking, Traffic, Sewerage or water……..	_____	Fail:	_____

P & Z Approval Date: _____ **Board of Aldermen Approval Date:** _____

Business Classification: _____

Business License Number: _____