Home Occupation Certificate Renewal Application
Fee: $25.00 Fee (Check or Cash ONLY)–Expires Annually on December 31st

Business Name: __________________________  Phone Number: __________________________

Applicant Name: __________________________ Phone Number: __________________________

Mailing Address: __________________________ City/State/Zip: __________________________

Physical Address: __________________________ City/State/Zip: __________________________

Email: __________________________ Cell Phone: __________________________

What type of work performed: __________________________

Vehicles/Travel:
• What type of vehicle is used for business purposes? __________________________
• What is the maximum weight capacity? __________________________
• Count all trips for business purposes; include trips for supplies, client trips, deliveries, trips to Post Office, etc.
  o Number of trips per day: __________________________
  o Number of trips per week: __________________________

Childcare Providers Only:
• What is the total number of children you are providing care for at ANY ONE TIME? __________________________
• How many of the above number are your own children under the age of nine? __________________________
• Number of sets of parents of children that you care for (do not count yourself or your spouse): __________________________

I hereby certify that there have been no changes in the above business from the conditions state in my original application:

Applicant Signature __________________________ Date: __________________________

City Clerk __________________________ Date: __________________________

2014 Form - Revised 1/6/2014