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| <b>Office use only</b> |
| Zone: _____            |
| Permitted (Y/N): _____ |
| Code Section: _____    |

# Home Occupation Application

(2-Sided Form)

**THIS FORM MUST BE FILLED OUT FOR A NEW BUSINESS AND EACH YEAR FOR RENEWAL**

TO SUPPORT MY REQUEST FOR A BUSINESS LICENSE FOR A HOME OCCUPATION, I HEREBY SUBMIT THE FOLLOWING INFORMATION. PLEASE READ HOME OCCUPATION RULES AND REGULATIONS BEFORE FILLING OUT APPLICATION. PLEASE ANSWER, IN FULL, EACH OF THE FOLLOWING QUESTIONS. IF A QUESTION IS NOT APPLICABLE TO YOUR BUSINESS, PLEASE ANSWER "N/A".

Name of Business: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Please give a brief description of the type of work you will be doing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If goods are being sold, please specify type of goods, and where goods will be sold (i.e. Mail Order, other location such as Fleamart, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Will there be any on-premise advertising or display of signs for the business:    Yes                    No

How and where will materials, products or equipment be stored:

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Will any alterations be done to the home to accommodate the business:  
Yes    No

If so, what and where \_\_\_\_\_

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Will there be any noise, smoke, dust, vibrations, heat, humidity, glare, or other objectionable matter produced:    Yes    No

If so, what \_\_\_\_\_

How much square feet of the home will be used for the business: \_\_\_\_\_

What part of the house (bedroom, den, garage, etc): \_\_\_\_\_

How many employees will there be (including owner): \_\_\_\_\_

Names of employees: \_\_\_\_\_

Submitted By (please print): \_\_\_\_\_

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Signature

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Date

Return this form to: City of Bonney Lake  
Attn: Assistant Planner  
P.O. Box 7380  
Bonney Lake, WA 98391-0944