DATA REQUIRED by the PRI information will be used by t is designed as a template to	he Senior C	ommander or th	eir designee to d	etermine whether or i			
			e-Based Busines				
Name (Last, First, MI)			Name of Business		Telephone Number		
Address of Proposed Business:			Email Address:			Previously_	
					Approved?		
Installation if Previously Approved: Briefly describe the proposed business activity:						YES	NO
Briefly describe the proposed	business a	ctivity:					
•							
Business Category:		Spouse Owned and Operated?			Application Su	bmission Da	 ate:
an Army installation. The busine The HBB owner must obtain HBB owner is responsil HBB owners providing child (FCC) provider system. The HBB owner is required department for compliance with a HBB's involved in food prepprovide documentation that state. The residential character of Parts or materials related to the lyards of the property. Signage is Customers may only patron. Noise, vibrations, or odors so The HBB owner residing in proposition of the Senice Home-Based Business Owner guidance contained within the installation.	the requisite to comply we applicable la paration may be the HBB in the property HBB shall be shall not be civatized on-por or Garriso	te permissions, lic amages to third p egister with the institution of the ith and is subject to ws, codes, regula need to be appro- neets all applicable is shall be maintain escreened from pound that can be displated etween the hours detectable beyond post housing must in Commander.	enses (if applicable arties arising from stallation Child, You to inspection by the tions and requirement of the tions and requirement of the HBB may be ublic view and will yed in a single win of 0600 and 2000. The property line.	e), and liability insuran the conduct of their bush and School Service appropriate city, cournents. c Health and/or the Locan sanitation conditions. y not occupy more than be limited to the interiodow from the inside and	siness. es office as part of aty, state or federa cal Health Depart 25 percent of the or of the structure d may not be illustrated.	of the Family al agency, of ment. The a e home's gro or the side a minated. manager bef	fice or pplicant must ss floor area. and rear fore
Signature:			Dat	te:			
	Γ		stallation Coordin		1	_	
Directorate / Office Directorate, Family, Morale,	Building	Telephone #	Recon	Initial	D	ate	
Welfare and Recreation			Applica	Application Pick-up			
USAG Housing Manager			Approval	Disapproval			
RCI Community Manager (if applicable)			Approval	Disapproval			
Installation Safety			Approval	Disapproval			
Additional Offices			Approval	Disapproval			
(per SC/GC guidance) Directorate, Family, Morale, Welfare and Recreation				 ation Turn-in			
Judge Advocate General			No Legal Legally Inquifficient				
(Legal Review)			Objection	Legally Insufficient			
Reason for Dissaproval							
I have reviewed the above appid	cation for HB		Ilation Approval Ave decided to a	Authority upprove / disapprov circle one	e same.		
Expiration Date: (3 years from date of signature unless of	therwise indicat	ed)		RHONDA D. HUNTE Director, Family and			

Example Application for Home-Based Business Permit