

VILLAGE OF BINGHAM FARMS
APPLICATION FOR HOME OCCUPATION

Application Date: _____
Council Review: _____
Approved: _____
Rejected: _____

NAME OF OWNER/APPLICANT: _____

ADDRESS: _____

PHONE: (H) _____ (O) _____

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NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

IS THIS A RETAIL BUSINESS? _____

HOURS OF OPERATION: _____

NAMES AND ADDRESSES OF ALL EMPLOYEES: _____

LIST ALL EQUIPMENT/MACHINERY: _____

OTHER COMMENTS: _____

A PLAN MUST BE SUBMITTED WITH THIS APPLICATION AS DESCRIBED IN SECTION 2 (iii) (a) of ORDINANCE 139.