

Business License No.:
Permit Fee: \$125.00

Account No.: 1-300-0000-3571

CITY OF MONTCLAIR HOME OCCUPATION APPLICATION

Name of Applicant:		
Addre	ddress: Phone No.: ame of Business:	
Name	of Business:	
Addre	of Property Owner: Phone No.:	
Address: Phone No.: Type of Home Occupation:		
Please answer the following questions. If yes, please explain in detail.		
1.	How many persons will be employed? Total Number Other	
2.	Will your home occupation involve a service or producing a product?	
3.	In what rooms will the home occupation be conducted? (i.e. den, garage, office, etc.)	
4.	What type of mechanical devices will be used in your home occupation?	
5.	What type and how many supplies or materials will be stored? In what room will they be stored?	
6.	Where will the products be sold?	
7.	Will people come to your home for the product or service?	
8.	Will there be any advertising signs displayed which would be visible from any street, or any vehicles with advertising thereon kept in front of dwelling?	
9.	Will the Home Occupation involve the use of commercial vehicles for delivery of materials to or from the premises other than a vehicle not to exceed one-half-ton rated capacity?	
10	If trucks or other equipment will be used in your Home Occupation, where will they be parked or stored?	
11	. Will there be any use of utilities or community facilities beyond that normal to the use of the property for residential purposes?	
	read and understand the Home Occupation section of the Montclair Municipal Code, and believe to the best of m dge that my proposed Home Occupation would not violate any portion of said Ordinance.	
Applio	cant's Signature	
Proper	rty Owner's Signature	