

BUSINESS LICENSE
SUPPLEMENT FOR HOME-BASED BUSINESS

DATE: _____

APPLICANT NAME: _____

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF BUSINESS: _____

Permission for issuance of a business license at the above address is contingent upon the applicant agreeing to the following conditions:

1. No customers may come to this address.
2. Only permanent residents may be employed with this business at this address.
3. No outside storage of products or equipment other than personal vehicle used for business purposes.
4. No commercial signs of any kind may be placed on the premises.
5. This address may not be used to advertise the business.
6. No activity shall be conducted at this address which creates visible evidence that the resident is engaging in a business.
7. Any restrictive covenants set forth by a Homeowner's Association, as related to operation of a home-based business, will not be superseded by anything in this document.

By signing this form, applicant agrees to the conditions stated above and understands that failure to comply with these conditions will constitute a violation of the City of Foley Zoning Ordinance and applicant will be subject to the penalties set forth in Article IV, Section 4.4 of the Zoning Ordinance and subject to the revocation of their business license.

Applicant also understands that license is granted to the applicant only at the address stated above. Approval is not transferable to any other individual or owner at the approved address.

If licensee should relocate within the corporate city limits of Foley, re-application must be submitted.

I, the undersigned, have read the conditions pertaining to home-based businesses and agree to comply with them. I understand that I may be subject to revocation of my business license if I fail to comply.

SIGNATURE

DATE