

HOME OCCUPATION APPLICATION

CITY OF EUREKA, MISSOURI

I, _____, hereby make application to the City of Eureka for the operation of a home occupation, for the residence located at:

Street Address: _____

I have made application for a business license for the aforementioned address for the following business/activity: _____

As of this date, the proposed said business complies with all the ordinance provisions of the City of Eureka, Missouri pertaining to home occupations with the following conditions:

1. An activity carried on by no more than two (2) members of a family residing on the premises, in addition to persons other than those residing on the premises; provided that said persons not residing do not engage in any home occupation-related activities or park their vehicles at the subject premises.
2. No signs nor any displays that will indicate from the exterior of the building that it is being utilized, in whole or in part, for any purpose other than that of a dwelling.
3. No stock in trade or commodity is sold upon the premises.
4. No mechanical equipment is used except such as is customary for purely domestic or household purposes.
5. No more than two (2) roomers or boarders may be kept.

The operation of auto repair shops, beauty shops, barbershops, nursing homes, massage and other establishments offering on premise services to the general public are prohibited from operation as a home occupation, however, on premises voice and music lessons are allowable with a maximum of two (2) pupils at a time.

The premises of the business may be inspected by the City, at any such time it deems necessary, to ensure initial and continued compliance with all home occupation provisions.

I do hereby acknowledge that I have read the above and fully understand and agree to comply with all home occupation provisions. If in the event I am not in compliance with these provisions and conditions, at such time the City may revoke my business license and I will no longer be permitted to operate same.

Signature of Applicant

Date

Name Printed

Signature of Applicant

Date

Name Printed

Business Name if Corporation or DBA