			r Home-Based B				
DATA REQUIRED by the PR will be used by the Senior C		•	•	•	• • •	•	
a template to be modified for		-		ler of not to grant th	s request. This	CHECKIST	s designed as
		-	Based Business	Owner			
Name (Last, First, MI)	Name of Business			Telephone Number			
Address of Proposed Business:							
			Email Address:			Previously Approved?	
						YES	NO
Briefly describe the proposed		ivity:				. 20	
Business Category:		Spouse Owned and Operated?			Application Submission Date:		
-	HBB does not negatively affect the safety, community tranquility, or the good order and disci					discipline of	
an Army installation. The busir					,		
* The HBB owner must obtai* The HBB owner is responsi						operating.	
 * HBB owners providing child 	•	•	-			he Family C	hild Care
(FCC) provider system.							
 The HBB owner is required department for compliance with 					state or federal a	agency, offic	e or
 * HBB's involved in food prep 	•••	-	•		Health Departme	ent. The app	plicant must
provide documentation that sta			•				-
 * The residential character of Parts or materials related to the 							
of the property. Signage is limi							lu lear yarus
* Customers may only patron	nize a HBB betw	veen the hours of 0	600 and 2000.				
 Noise, vibrations, or odors The HBB owner residing in p 	shall not be deter	ectable beyond the	property line.	perate in writing from t	he community m	anager hefe	vre submitting
a request to the Senior or Garri			nam approvar to o	perate in writing norm		anayer ber	ne submitting
Home-Based Business Owne	er: I certify that	the above stateme	nts are true and th	at I have read and will	abide by the rule	es above an	y additional
guidance contained within the i	nstallation's HB	B policy letter.					
Signature:		· · ·	Date:_				
Directorate / Office	Building	Telephone #	allation Coordina Recorr	nmendation	Initial		Date
Directorate, Family, Morale,	-		Application Pick-up		initia		5410
Welfare and Recreation	460 Milan	678-2844	Applica	ation Pick-up			
Balfour Beatty	1000 Rock Island Ave	674-2463	Approval	Disapproval			
McAfee Health Clinic	1363 Aberdeen	674-3500	Approval	Disapproval			
Directorate, Family, Morale, Welfare and Recreation	460 Milan	678-2844	Application Turn-in				
Judge Advocate General (Legal Review)	124	678-1265	No Legal Objection	Legally Insufficient			
Reason for Dissaproval							
		Installa	ation Approval Au	uthority			
I have reviewed the above ap	pication for HBE				same.		
				circle one			
	DAVID A. MITCHELL COL, LG						
Expiration Date:	Commanding						
(3 years from date of signature unless	otherwise indicated)		-			