DATA REQUIRED by the PR	IVACY ACT of		r ноme-ваsed ви litle 5 USC 552a: 1		urpose(s): The r	equested in	formation
will be used by the Senior C a template to be modified fo	commander or	their designee to	determine whethe				
		Home-	Based Business (	Owner			
<u>Name (Last, First, MI)</u>	Name of Business			Telephone Number			
Address of Proposed Busines	Email Address:			Previously Approved?			
Installation if Previously Appr				YES	NO		
Briefly describe the proposed	business activ	vity:					
Business Category:		Spouse Owned	Spouse Owned and Operated?		Application Submission Date:		
Army installation. The business * The HBB owner must obtain * The HBB owner is responsib * HBB owners providing child provider system. * The HBB owner is required department for compliance with * HBB's involved in food prep provide documentation that stat * The residential character of Parts or materials related to the the property. Signage is limited * Customers may only patron * Noise, vibrations, or odors s □ The HBB owner residing in p request to the Senior or Garriso Home-Based Business Owner guidance contained within the ir Signature:	n the requisite p ble for any dama care must regis to comply with a applicable laws aration may nee es the HBB mee the property sha HBB shall be s to what can be ize a HBB betw shall not be deter rivatized on-pos n Commander.	ermissions, license ages to third parties ster with the installa and is subject to ins access, regulation ed to be approved l ets all applicable fo all be maintained. creened from publi displayed in a sing een the hours of 06 ectable beyond the st housing must obt he above statemer	es (if applicable), and s arising from the co- ation Child, Youth a spection by the app is and requirements by Army Public Hea bod safety and sanif The HBB may not of c view and will be I gle window from the 600 and 2000. property line. tain approval to ope	nd liability insurance p onduct of their busines and School Services o propriate city, county, s s. alth and/or the Local H tation conditions. poccupy more than 25 p imited to the interior o a inside and may not b erate in writing from th	ss. ffice as part of the state or federal ag lealth Departmen percent of the hor f the structure or e illuminated. e community mar	e Family Chi gency, office t. The applic ne's gross flu the side and	or cant must oor area. I rear yards of submitting a
Signature:		Inst	Date: allation Coordinat	tion			
Directorate / Office	Building	Telephone #	Recommendation		Initial	C	Date
Directorate, Family, Morale, Welfare and Recreation	460 Milan	678-6105	Application 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	678-6105	Application Turn-in				
Judge Advocate General (Legal Review)	124	678-1265	No Legal Objection	Legally Insufficient			
Reason for Dissaproval							
		Installa	ation Approval Au	thority			
I have reviewed the above app	vication for HBB	permit and I have	decided to appro	ove / disapprove s <i>circle one</i>			
	DONYEILL A. MOZER COL, LG						
Expiration Date:				Commanding			
(3 years from date of signature unless of	otherwise indicated	)					