



HOME OCCUPATION PERMIT APPLICATION

Name: _____ Date of Birth: _____

Drivers License Number: _____ I have lived at this address since: _____

Address: _____

Day Phone: _____ Email: _____

Name of Business: _____

Brief Description of Business: _____

Number of Employees (excluding yourself): _____ Number of Vehicles Used for Business: _____

***Only residents of the home may be employees of the Home-Based Business**

I have read and understand the zoning ordinance regulations 31-25(B) regarding home occupations in the City of Grandview and agree to comply with these performance standards and all applicable city codes pertaining to the operation of a home occupation. I understand the occupational license and home occupation permit issued by the City are issued to me at the above address and are not transferable. Any change of location of the home occupation shall be approved in advance by the Department of Community Development.

Applicant Signature: _____ Date: _____

Getting to Know Your Business

The City of Grandview has made it a priority to grow its local and small business sectors as part of *Grandview 2030, Grandview's Comprehensive Plan Update*. This goal partners the City and Chamber of Commerce in an effort to understand the nature, goals and obstacles each home-based business faces. We would like to identify the number of home-based businesses that look to grow from their residence into a brick and mortar location and assist them in doing so. If you are interested in sharing information with us, please fill out the questions on the back. Thank you for being a part of Grandview's local business community.



1. Do you have plans in the future to move your home-based business to a commercial location? Yes/No (If answer is No, skip to question 5)
2. If you answered yes, what is your projected time frame to do so?
One Year Two Years Three Years Five Years Uncertain
3. If you answered yes, would you locate your newly expanded business in Grandview? Yes/No
Why or why not _____

4. What reasons or obstacles are keeping you from your goal? _____

5. If you answered no, what are the reasons you choose to remain working from home? _____

6. The City is looking to create an online map that will be accessed from grandview.org and will feature the name, location, nature and if possible a link to a home-based businesses website. This will be used to encourage Grandview residents to shop or hire local. Would you like to have your businesses listed on the online map through the City website? Yes/No
Website Link: _____
7. Would you be interested in having the City and/or Chamber communicate with you and other home-based business owners on a regular basis through zoom meetings or email to keep you informed? Yes/ No

BELOW TO BE COMPLETED BY CITY STAFF

Zoning District: _____ Permit No: _____

Authorizing Signature: _____ Date: _____

Comments: _____