



Home Business

Complete this form if you intend to operate a business from your home – to be completed in addition to the Application Form and all other requirements as noted on the Checklist.

HOME BUSINESS DETAILS

Description of Business/Service to be provided:			
Trading Name:			
Do you own or rent the premises in which you intend to operate the home business?		<input type="checkbox"/> Own	<input type="checkbox"/> Rent
Days and Hours of operation:			
No. Employees that do not reside at the premises:		Floor Area of Business:	
Type of equipment or machinery to be used:			
Will there be client/customer visits to the property?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequency of client/customer visits:		No. Parking Spaces at the property:	
How often will deliveries be made to the home?			
Location of Business on property:		<input type="checkbox"/> In Dwelling	<input type="checkbox"/> In Outbuilding
Are you preparing or handling food?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you providing a service that requires skin penetration (e.g. waxing, piercing, tattooing)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any signage proposed? If so, is it less than 0.2m²?		<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No

OFFICE USE ONLY

<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Home Business
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