

# HOME OCCUPATION - ADDITIONAL INFORMATION FOR MISSOULA CITY AND COUNTY

Business Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Property owner/Manager Name (If Other): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. What type of business is this?

\_\_\_\_\_  
\_\_\_\_\_

2. What type of activity will occur at the above address?

\_\_\_\_\_  
\_\_\_\_\_

3. What type of equipment, material, and products are used in the business and how are they to be housed?

\_\_\_\_\_  
\_\_\_\_\_

4. How many and what types of vehicles will be used for the business?

Where will they be parked in the day and evening?

\_\_\_\_\_  
\_\_\_\_\_

5. Will the business require additional structures or remodeling of the residence? Yes \_\_\_\_ No \_\_\_\_

6. What percent of the home will be used for the business? \_\_\_\_\_%

7. How many employees that do not live there will work at this address? \_\_\_\_\_

8. Will there be any window or yard display of any materials or merchandise? \_\_\_\_\_

9. Will there be a sign displayed on the premises? Yes \_\_\_\_ No \_\_\_\_

10. Will advertising include location of the business? Yes \_\_\_\_ No \_\_\_\_

11. How many customers will be present on the property at any one time? \_\_\_\_\_

12. How many customers will come to the home in day/week? Day\_\_\_\_\_ Week\_\_\_\_\_

13. Will the business require larger gatherings of people? Yes \_\_\_\_\_ No \_\_\_\_\_

a. If you answered Yes to #13, How many people? \_\_\_\_\_ How often? \_\_\_\_\_

14. Will there be truck deliveries or pick up of supplies or products? Yes \_\_\_ No \_\_\_

15. Are there any other business licenses for home occupations at this address? Yes\_\_\_\_\_ No\_\_\_\_\_

**By signing this application I am affirming that all information provided in this application is true and correct.**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

Please initial one (1) of the following:

\_\_\_\_\_ I have received/read the County Home Occupation Standards

\_\_\_\_\_ I have received/read the City Home Occupation Standards

**NOTE:** Property owners, if other than the applicant, are advised that they will, along with the applicant, be held responsible for any zoning violations of Home Occupation permits issued.

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**FOR OFFICE USE ONLY**

Zoning District: \_\_\_\_\_

Lot # : \_\_\_\_\_ Block #: \_\_\_\_\_ Subdivision \_\_\_\_\_

Tract #: \_\_\_\_\_ COS #: \_\_\_\_\_

Other: \_\_\_\_\_

Approved by:

Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_