



**HOME OCCUPATION LICENSE APPLICATION
THE TOWN OF NORTH EAST, MARYLAND
P.O. BOX 528 - 106 SOUTH MAIN STREET, 21901-0528
PHONE (410) 287-5801 * FAX 287-8267**

(PLEASE PRINT)

Date _____

Business Name: _____

Business Address: _____

Property Owner: _____ Phone: _____

Property Owner Address: _____

Applicant's Name: _____ Phone: _____

Applicant's Address: _____

PLEASE ANSWER ALL QUESTIONS

1). What will be the primary use of the business? _____

2). Hours of operation: _____

3). A) Describe the business activity: _____

B) Will there be any outdoor storage or activity associated with the business? _____

C) If yes, explain: _____

4). A) Is this activity a new use for this location? _____

B) If yes, what was the previous use? _____

5). Who other than the members of the family residing on the premises will be working at this address or will be reporting to work at this location? _____

6). How many employees will be reporting to work at this location? _____

7). What amount of floor space of the dwelling unit will be used to conduct the business (state in % of the floor area of the dwelling unit) _____

8). Will there be any changes to the outside appearance of the dwelling or property? _____

A) If yes, explain: _____

9). Signs: Are sign proposed on the premises? _____

10). Description of the vehicle(s) which will be parked at this residential home which will be used in conjunction with this business: _____

11). Will vehicular traffic will be generated by the business activity? _____

12). Will retail sales be generated as a result of the business activity? _____

A. If yes, explain: _____

13). Will there be external (outside) evidence of the business activity such as noise, vibration, glare, fumes, odors, electrical interference, visual or audible interference in any radio or television receivers off the premises, or causing fluctuations in line voltage off the premises?

If yes, explain: _____

I UNDERSTAND THAT THE GRANTING OF THIS LICENSE APPLICATION IS DEPENDENT UPON THE ABIDING BY ALL REGULATIONS OF THE NORTH EAST ZONING ORDINANCE.

I FURTHER UNDERSTAND THAT THE GRANTING OF THIS LICENSE APPLICATION DOES NOT GUARANTEE APPROVAL OF COUNTY AND/OR STATE APPLICATIONS.

APPLICANT'S SIGNATURE

DATE

PROPERTY OWNER'S SIGNATURE, IF APPLIANT IS NOT PROPERTY OWNER

DATE

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OFFICIAL USE ONLY

Zoning District: _____ Map No.: _____ and Parcel No: _____

Type I Home Occupation Business / Type II Home Occupation Business (circle one)

Comments and conditions: See attached letter of Conditions from the Town of North East.

Additional comments and/or conditions: _____

Approved/Disapproved By: _____ Date _____

