



HOME OCCUPATION LICENSE APPLICATION

All Home Occupation Licenses are APPROVED by the City Council. The annual fee is \$150.00

FEE: 150.00 (Section 605.090)

Business Name: _____

Address of Home Occupation: _____

Property Owner Name: _____

St. Louis County Locator No: _____

*** Failure to complete all fields will delay issuance of your Home Occupation License. ***

If you mark YES to any of the first two questions, you will need to contact the Fire/Police Department for signatures below. Please print this document. Once you have the appropriate signatures, please send to the Public Works Department, ATTN: Building Commissioner.

1. Do you intend to use or store any flammable or combustible fluids or hazardous materials? [] Yes [] No

Fire Department Representative Name: _____
Fire Department Representative Signature: _____ Date: ____ / ____ / ____

2. Will your business involve the sale of firearms, etc.? [] Yes [] No

Police Department Representative Name: _____
Police Department Representative Signature: _____ Date: ____ / ____ / ____

1. Do you own the home where the Home Occupation will be conducted? [] Yes [] No

If no, please check one of the following:

- [] YES, the owner has authorized the use of this property for this business.
[] NO, the owner has not authorized the use of this property for this business.

2. Is there any other Home Occupation at this property? [] Yes [] No

If yes, please describe the business: _____

3. How many people living in this home will be involved in this Home Occupation? _____

4. Will your business involve students, clients, patients, or visitors coming to your home? [] Yes [] No

If yes, complete the following: (Only applies to No. 6 on the other side of this form, allowable uses)

How many clients will attend at any one time? (Maximum 2 at a time allowed) _____

What is the maximum number of clients at the home in any one day? (Maximum 2 per day allowed) _____

What days and times will clients generally visit the home? (Allowable hours: M-F 7AM-10PM, SAT-SUN 8AM-6PM)

- [] MON: _____ [] THURS: _____ [] SAT: _____
[] TUES: _____ [] FRI: _____ [] SUN: _____
[] WED: _____

5. Will there be product(s) sold on the internet? [] Yes [] No

If yes, please describe the product(s): _____

6. Will there be food products prepared or packaged for sale? [] Yes [] No

If yes, please provide your St. Louis County Health Certification Number: _____



7. Will you be using more than 25% of the residence floor space for office/storage for this business (and any other business run out of this home)? (Note: No more than 25% total is allowed) Yes No

Provide square footage of office space: _____
Provide square footage of the building: _____

8. List any other County, State, or Federal regulations with which the proposed business is required to comply, and show how the business is complying with these regulations (i.e. Bureau of Firearms, State of Missouri, etc.)

SIGNS ADVERTISING THE HOME OCCUPATION SHALL BE NO LARGER THAN A NAME PLATE.

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge, and further agree to uphold the regulations for Home Occupations relating to the operation of business.

Applicant's Name: _____

Signature: _____

Date: ____ / ____ / ____

Email: _____

Phone Number; (____) ____ - ____

Bus. Partner's Name (if applicable): _____

Signature: _____

Date: ____ / ____ / ____

DO NOT WRITE BELOW THIS LINE

Items for City Council Review:

- | | | |
|--|----------------------------|-------|
| 1. Completed Application with Business Information | Staff received (initials): | _____ |
| 2. Staff Report | Staff received (initials): | _____ |
| 3. Current Occupancy Certificate | Staff received (initials): | _____ |
| 4. Landlord Written permission for Home Occupation | Staff received (initials): | _____ |

City Council review - Meeting Date: ____ / ____ / ____

If approved, fee to be paid and license issued by Public Works.



HOME OCCUPATION

Any occupation or activity carried on by the owner residing on the premises or a member of the immediate family residing on the premises, in connection with which there is used NO SIGN OTHER THAN A NAME PLATE not more than one (1) square foot in area, or no display that will indicate from the exterior that the building is utilized in part for any purpose other than that of a dwelling:

1. There is no commodity sold on the premises;
2. No person is employed other than a member of the immediate family residing on the premises;
3. No mechanical equipment is used except such as is permissible for purely domestic, household or hobby purposes;
4. No manufacturing or assembling of a commercial product; and
5. No commercial vehicle used in connection with a home occupation shall be store or parked except within a private garage.
6. A home occupation may include the following:
 - a. Art Studio
 - b. Professional Office of a Clergyman
 - c. Teaching with musical instruction or private tutoring limited to not more than two (2) pupils at a time.
7. However, a home occupation **SHALL NOT** include:
 - a. Barbershops
 - b. Beauty Parlors
 - c. Physicians
 - d. Dentists
 - e. Surgeons
 - f. Chiropractors
 - g. Tourist Homes
 - h. Restaurants
 - i. Child Day Care Centers