

Occupational License Application Form

Home-Based Business

Applicant Information

Full Name:

Home Address:

Phone Number:

Email Address:

Business Information

Business Name:

Type of Business:

Business Description:

Proposed Start Date:

Number of Employees (including owner):

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Operating Hours:

e.g., Mon-Fri 9am-5pm

Zoning and Compliance

☐ I confirm my home is zoned for home-based business operation.

☐ I agree to comply with all local, state, and federal regulations.

Signature

Applicant Signature:

Date:

Submit Application

Reset

Note: Attach any required supporting documents (such as proof of address or tax ID) as instructed by your local licensing authority.