## **COUNTY OF FREDERICK, VA**



## Zoning Review for a Business License – Home Based Business/Home Occupation

Check to indicate purpose of the Zoning Review:
Initial License Application OR
Existing Business Change of Location – Current BL Account No.:

Please provide the following information about your business. It is important that all of the requested information is provided completely to ensure accurate review by the Planning Department staff. Incomplete applications may not be reviewed or approved. If you have any questions about this form or the zoning regulations of Frederick County, please contact the Planning Department at (540) 665-5651. Approval of this form is required prior to issuance of a business license by the Commissioner of the Revenue

Applicant Name:	Department at (540) 665-5651. Approval of this the Revenue.	s form is required prior to issuance of a business license by the Commissioner of
Email Address:  Description of Business:  Business/Trade Name:  Street Address of Business (provide actual physical location of the business):  Cheer business located on the property: Yes	Applicant Name:	Telephone #
Description of Business:  Business/Trade Name:  Street Address of Business (provide actual physical location of the business):  Other businesses located on the property: Yes		
Business of Business (provide actual physical location of the business):  Other businesses located on the property: Yes No If yes, Name:  Business whicle parked on the property: Yes No If yes, type: (only one permitted)  Will any new construction on alterations be necessary: Yes No  Businesses operated in a residential dwelling (home occupations) are subject to specific restrictions and limitations. Please read and initial the following restrictions placed on this use to certify that you are aware of the specific restrictions and limitations on businesses operating in a residential dwelling as a home occupation:  I hereby certify that the above address is my legal residence.  NO more than 5 people, not residing on the premises, are permitted per day including customers and/or employees.  NO signs advertising the business or product and NO outdoor storage of equipment or materials.  NO exterior indication of the home occupation or variation from the residential character of the property.  Business must be conducted within the dwelling (no detached shed/garage) by the resident of the dwelling. If the propert is zoned RA, business may be conducted in an accessory building or structure.  One business vehicle is allowed. Commercial vehicles as defined in §165-101.02 are prohibited.  Home Daycare Only - No more than five unrelated children are permitted at any one time (contact staff if more). If you have an approved Conditional Use Permit please check here and provide the number:  It have read, understand and will abide by the above conditions and restrictions above. By signing and submitting this form to the Planning Department, the applicant declares, under penalty of perjury, that the provided information is true, complete, and correct to the best of his/her knowledge and belief, and that he/she is the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.  PRINT NAME:  Please do not write below this line — For Planning De	Description of Business:	<del>-</del>
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TITLE/CAPACITY FOR SIGNING:	NO more than 5 people, not residing of NO signs advertising the business or policy NO exterior indication of the home of Business must be conducted within the is zoned RA, business may be conducted One business vehicle is allowed. Community Community One Daycare Only - No more than find If you have an approved Conditional I have read, understand and will abide by the ato the Planning Department, the applicant declar and correct to the best of his/her knowledge and or other person specifically authorized in writing	on the premises, are permitted per day including customers and/or employees. Product and NO outdoor storage of equipment or materials. Coupation or variation from the residential character of the property. The dwelling (no detached shed/garage) by the resident of the dwelling. If the property ted in an accessory building or structure.  Mercial vehicles as defined in §165-101.02 are prohibited. The inverse are permitted at any one time (contact staff if more). The provided the number:  Above conditions and restrictions above. By signing and submitting this form ares, under penalty of perjury, that the provided information is true, complete, dielef, and that he/she is the owner or a member, partner, executive officer, and to sign.
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STAFF SIGNATURE: DATE		
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