

CITY OF NEW HOPE

256-723-2616

Office of the City Clerk



APPLICATION FOR A HOME-BASED BUSINESS

FOR OFFICE USE ONLY

CITY OF NEW HOPE TAXPAYER I. D. # _____

CLERK _____

NEW

RE-ISSUE

LOCATION CHANGE

OTHER

TO WHOM IT MAY CONCERN:

I am applying for permission to to operate a business at a residential address & apply for a City of New Hope Business License

TAXPAYER'S NAME _____

TRADE NAME (DBA) _____

HOME ADDRESS _____ UNIT # _____

E-MAIL ADDRESS _____ Phone: _____

BELOW IS A DETAILED & SPECIFIC DESCRIPTION OF BUSINESS TO BE CONDUCTED AT THIS ADDRESS.

1. Square footage used for this business? _____

2. Square footage used for residence? _____

3. Will there be any sales consummated at this address? Yes No

4. Will there be any product or merchandise stored at this? Yes No

5. Will there be any employees working here or reporting here to go to work elsewhere? Yes No

NAME OF PERSON TO BE CONTACTED IF ANY QUESTIONS ARISE DURING THE APPROVAL PROCESS.

NAME (please print or type)

DAYTIME TELEPHONE NUMBER

CELL PHONE NUMBER

SIGNATURE

DATE

Adjoining Landowners (include across roadways: _____

DISPOSITION

DEPARTMENT	DATE OF MTG	RECOMMENDATION APPROVAL/DISAPPROVAL	SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE
Zoning Board	_____	_____	_____	_____
Business Lic Dept.	_____	_____	_____	_____

\$50 FEE TO BE PAID BEFORE ADDED TO AGENDA

\$50 FEE PAID YES NO

DATE: \$ _____ **CLERK:** _____