

City of Fruitland
P.O. Box 324
200 S. Whitley Drive
Fruitland, ID 83619
(208) 452-4421 office
(208) 452-6146 fax
www.fruitland.org

HOME OCCUPATION LICENSE APPLICATION

Date _____

New Application

Change in Location

Renewal

General Information

Name of Business _____

Business Location _____

Mailing Address _____

Business Phone _____ Cell Phone _____ Fax _____ email _____

Nature of Business _____

Does the business include retail sales? Yes No

If yes, please describe _____

Does the business include wholesale sales? Yes No

If yes, please describe _____

Business is a: Corporation Partnership Sole Proprietorship Limited Liability Company

Officers of Business

3) Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

3) Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

3) Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Site Information

1) Will more than two parking spaces be required? Yes No If yes, how many? _____

2) Approximate number of commercial deliveries per week _____

Number of expected deliveries **TO** your home _____

Number of expected deliveries **FROM** your home _____

3) Will any business related materials be stored at the home? Yes No

If yes, where will they be stored?

4) Expected number of customer/client visits per day _____

5) Expected hours of operation _____ to _____ Expected days of operation _____ thru _____

6) Where will the home occupation be conducted? (i.e. – home office, garage, detached garage, detached building on lot, etc.)? If in a detached garage or building, please explain –

7) Does the business require any new construction features to your home? Yes No

If yes, please describe

8) Will the home occupation affect the size of your building? Yes No

Will it affect neighborhood parking? Yes No

Will it have any outward appearance of a business? Yes No

Will it generate any noise or odors? Yes No

Will it otherwise affect the residential quality of your neighborhood? Yes No

If you answered “Yes” to any of the questions in No. 8, please explain.

9) Where is the entrance to the area used for the home occupation located?

10) How wide is the entrance? _____

Please attach Plot Plan of Property

Please attach Floor Plan of Building

I hereby attest that I have not had a similar license revoked and have not operated without any required license(s) in any jurisdiction within a one-year period prior to the date of making this application for a license. I understand that I am responsible for notifying the Zoning Administrator's office of any change in the status of my home occupation as well as any new mailing addresses or phone numbers. I further declare under penalty of perjury that the information provided on this application is true and accurate. I understand my place of business must comply with all federal, state and local codes and ordinances.

Applicant's Signature _____ Title _____

Fee: \$10.00

Office Use Only

Business Name _____ Date Submitted _____

Application is: Approved Denied

Comments:

Signature _____ Title _____

Date _____