

**City of Fruitland**  
P.O. Box 324  
200 S. Whitley Drive  
Fruitland, ID 83619  
(208) 452-4421 office  
(208) 452-7032 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 \_\_\_\_\_