



CONCORDIA

Concordia City Hall  
618 South Main St.-P.O. Box 847  
Concordia, MO 64020  
(660) 463-2228

### Home Occupation Registration

Date of Application: \_\_\_\_\_

Business License #: \_\_\_\_\_

**Applicant**

**Information:**

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Residence:** \_\_\_\_\_

**Business:** \_\_\_\_\_

**Name of Business:** \_\_\_\_\_

**Address for which Home Occupation Permit is being requested:** \_\_\_\_\_  
\_\_\_\_\_

**Subdivision:** \_\_\_\_\_

**Lot Number:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

1. Are you the owner of this property? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, please indicate the name, address and telephone number of the property owner: \_\_\_\_\_  
\_\_\_\_\_

2. Occupation to be conducted at this location: \_\_\_\_\_

List specific activities involved: (i.e. repairing clocks, day care, construction of bird houses, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

3. Hours of operation: \_\_\_\_\_

4. Will people come to your home to obtain any product or utilize any service connect with the proposed home occupation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, estimate the number of customers coming to this location daily: \_\_\_\_\_

Explain in detail: \_\_\_\_\_

5. If providing day care services, how many individuals will you be caring for in your home? (excluding persons related to you) \_\_\_\_\_

6. Is a State License required for conduct of the proposed Home Occupation?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, attach a copy of your State License.

7. Number of employees including yourself that reside at this location: \_\_\_\_\_

Number of employees that are not residents at this location: \_\_\_\_\_

8. Will the Home Occupation be located in your residence, or in another structure on this property?

Residence: \_\_\_\_\_ Other Structure: \_\_\_\_\_

9. Square feet of residence: \_\_\_\_\_ Square feet used for this occupation: \_\_\_\_\_

10. Are any other Home Occupations being conducted at this location? Yes \_\_\_ No \_\_\_

11. Has a Home Occupation previously been conducted at this location? Yes \_\_\_ No \_\_\_  
If yes, what occupation: \_\_\_\_\_ Date Begun: \_\_\_\_\_

12. Will this Home Occupation require (please check if applicable)  
Yes: \_\_\_ No: \_\_\_ Any alteration in appearance of this structure?  
Yes: \_\_\_ No: \_\_\_ Any mechanical, electrical or other equipment that interferes with radio or TV signals?  
Yes: \_\_\_ No: \_\_\_ Any equipment/activity that causes noise or dust?  
Yes: \_\_\_ No: \_\_\_ The storage or use of any materials or supplies that is combustible.  
If you answered yes to any of the above, please describe in detail: \_\_\_\_\_  
\_\_\_\_\_

13. Will any goods or commodities be displayed/stored outdoors, or in any exterior window?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

14. Will the Home Occupation involve the use of commercial vehicles or trucks for delivery of materials to or from the premises? Yes: \_\_\_ No: \_\_\_  
If yes, who will own the vehicles and how often will they be used? \_\_\_\_\_  
\_\_\_\_\_

15. Attach a drawing indicating parking for customers/commercial vehicles/delivery trucks for this business.

16. Attach a drawing of any signage to placed on the property, including location and dimensions.

**I understand that the operation of a home occupation at this location is subject to the requirements of all applicable provisions of the Concordia City, including, but not limited to, Chapter 630 regarding home occupations in residential areas, a copy of which has been provided to me. I hereby consent to the City entering upon these premises at reasonable times to conduct necessary inspections including, but not limited to, building and fire inspections.**

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Property Owner's Signature: \_\_\_\_\_

*For City Use*

**DENIED: Reason for denial:** \_\_\_\_\_  
\_\_\_\_\_

**APPROVED: Conditions (if any):** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature/Codes Enforcement Official