



CITY OF HENDERSON, KENTUCKY
RESIDENTIAL BUSINESS VERIFICATION FORM

New Business Owner(s): _____
 Last First MI

Business Address: _____
 Last First MI
 Street

Telephone: _____
 Business Home

Description of proposed business: _____

- Will the business occupy more than 25% of the structure? Yes No
- Will this business involve retail sales? Yes No
- Will the business have any visible evidence of the home occupation? Yes No
- Will the business generate any atmospheric pollution, light flashes, glare, odors, noise, vibration, or truck traffic? Yes No

If any of the above are answered "Yes", stop now and reject application.

The business is allowed one unlighted sign mounted flat against the wall and must not exceed 4 sq. ft. in area.

- Will the business have a sign? Yes No
- Number of employees (other than owner) 0 or 1
- Will the business be operated in detached garage? Yes No

Allowed Home Occupations

- | | | | |
|--------------|--------------------------|----------------------|--------------|
| Accountant | Chiropractor | Engineer | Photographer |
| Architect | Contractor (office only) | Interior Decorator | Physician |
| Attorney | Consultant | Manufacturer's agent | Seamstress |
| Bookkeeper | Counselor | Musician | Teacher |
| Broker | Dentist | Optometrist | |
| Chiropracist | Draftsman | Osteopath | |
- And any other substantially similar activity

I (we) do hereby certify that the above information is true and correct to the best of my (our) knowledge.

Applicant Signature: _____ Date

Office Use Only:	CURRENT ZONING _____
The business above is permitted: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments:	

If <u>no</u> is checked – Notify applicant by mail and attach copy of letter to this form	

Code Administrator/Designee: _____
 Signature Date