



CITY OF HENDERSON, KENTUCKY
RESIDENTIAL BUSINESS VERIFICATION FORM

New Business Owner(s): Last First MI

Last First MI

Business Address: Street

Telephone/Email: Phone Email

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, Architect, Attorney, Bookkeeper, Broker, Chiropractor, Contractor (office only), Consultant, Counselor, Dentist, Draftsman, Engineer, Interior Decorator, Manufacturer's agent, Musician, Optometrist, Osteopath, Photographer, Physician, Seamstress, Teacher

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 No
Comments:
If no is checked - Notify applicant by mail and attach copy of letter to this form

Code Administrator/Designee: Signature Date