Applicat	ion for Ho	ome-Based B	usiness Permi	t U.S. Arm	y Garrison-	Hawaii (USAC	G-HI)	
DATA REQUIRED by the PRI will be used by the Senior Co			•			• • • •	equested in	formation
Home-Based Business Owner								
<u>Name (Last, First, MI)</u>			Name of Business				Telephone Number	
Address of Proposed Busines	Email Address:							
Previously Approved/ Name o	Approved):				YES	NO		
Briefly describe the proposed business activity:								
General Excise Tax (GETax) Number:								
The following rules are writter discipline of an Army installat The HBB owner must obtai HBB owner is response HBB owners providing child (FCC) provider system. The HBB owner is required department for compliance with The residential character of Parts or materials related to the the property. Signage is limited Customers may only patron Noise, vibrations, or odors a The HBB owner residing in p manager, before submitting a re Home-Based Business Owner guidance contained within the in	ion. The but n the requisi ible for any of care must to comply we applicable la f the property HBB shall b to what can hize a HBB be shall not be privateized of quest to the is 1 certify th	usiness owner a ite permissions, li damages to third p register with the in with and is subject aws, codes, regul y shall be maintai be screened from be displayed in a between the hours detectable beyon on-post housing m Senio or Garriso nat the above state	cknowledges that censes (if applicate parties arising from installation Child, Y it to inspection by the ations and require fined. The HBB man public view and with a single window from s of 0600 and 2000 d the property line for the property line for the property line for the property line for the property line for the property line for the property line for the property line for the property line for the property line for the property line for the property line for the property l	t the followin ble), and liabil in the conduct outh and Sch me appropriate ments. ay not occupy I be limited to m the inside a b mowledgemen	ig conditions ity insurance p of their busine bool Services o e city, county, s more than 25 o the interior of and may not be t to operate in	must be met: rior to opening/o ess. ffice as part of th state or federal ag percent of the ho the structure or t a illuminated. writing from the h	perating. e Family Ch gency, office ome's gross f the side and nousing com	ild Care or floor area. rear yards of munity
Signature: Date:								
Installation Coordination								
Directorate / Office	Building	Telephone #		Status		Initial	D	Date
Directorate, Family, Morale, Welfare and Recreation	547	656-0104/0129	Application Pick- Acknowledge	up Housing:				
IPC Community Manager								
Directorate, Family, Morale, Welfare and Recreation	547	656-0104/0129	Application Turn-in					
Judge Advocate General (Legal Review)	25TH ID		No Legal Objection	Legally Insu				
			Illation Approv	al Authori				
I have reviewed the above app Valid for One Year/ Expiratio Da (1 years from date of signature unle USAG-HI FORM 2 JUN 2020	ite:		nave decided to	Approve / ///Signature FIRST M. L Rank, Bran Commandi	//// AST NAME ch	(Select One)		