

| Application for Home-Based Business Permit U.S. Army Garrison-Hawaii (USAG-HI) | | | | | |
|---|----------|-----------------------------------|---|--|------|
| DATA REQUIRED by the PRIVACY ACT of 1974. Authority: Title 5 USC 552a; Title 10, USC 3013. Purpose(s): The requested information will be used by the Senior Commander or their designee to determine whether or not to grant this request. | | | | | |
| Home-Based Business Owner | | | | | |
| <u>Name (Last, First, MI)</u> | | <u>Name of Business</u> | | <u>Telephone Number</u> | |
| <u>Address of Proposed Business:</u> | | <u>Email Address:</u> | | <u>Previously Approved?</u> <div style="display: flex; justify-content: space-around;"> YES NO </div> | |
| <u>Installation Name (If Previously Approved):</u> | | | | | |
| Briefly describe the proposed business activity: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | | | | | |
| <u>Business Category:</u> | | <u>Spouse Owned and Operated?</u> | | <u>Application Submission Date:</u> | |
| General Excise Tax (GETax) Number: _____ | | | | | |
| <p>The following rules are written to ensure that a HBB does not negatively affect the safety, community tranquility, or the good order and discipline of an Army installation. The business owner acknowledges that the following conditions must be met:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The HBB owner must obtain the requisite permissions, licenses (if applicable), and liability insurance prior to opening/operating. <input type="checkbox"/> The HBB owner is responsible for any damages to third parties arising from the conduct of their business. <input type="checkbox"/> HBB owners providing child care must register with the installation Child, Youth and School Services office as part of the Family Child Care (FCC) provider system. <input type="checkbox"/> The HBB owner is required to comply with and is subject to inspection by the appropriate city, county, state or federal agency, office or department for compliance with applicable laws, codes, regulations and requirements. <input type="checkbox"/> The residential character of the property shall be maintained. The HBB may not occupy more than 25 percent of the home's gross floor area. Parts or materials related to the HBB shall be screened from public view and will be limited to the interior of the structure or the side and rear yards of the property. Signage is limited to what can be displayed in a single window from the inside and may not be illuminated. <input type="checkbox"/> Customers may only patronize a HBB between the hours of 0600 and 2000. <input type="checkbox"/> Noise, vibrations, or odors shall not be detectable beyond the property line. <input type="checkbox"/> The HBB owner residing in privateized on-post housing must obtain an acknowledgement to operate in writing from the housing community manager, before submitting a request to the Senio or Garrison Commander. | | | | | |
| Home-Based Business Owner: I certify that the above statements are true and that I have read and will abide by the rules above and any additional guidance contained within the installation's HBB policy letter. Signature: _____ Date: _____ | | | | | |
| Installation Coordination | | | | | |
| Directorate / Office | Building | Telephone # | Status | Initial | Date |
| Directorate, Family, Morale, Welfare and Recreation | | 656-0104/0129 | Application Pick-up | | |
| IPC Community Manager | | | Acknowledge Housing: | | |
| TAMC- Enviromental Health | | | Concur Non-Concur | | |
| Additional Office _____ | | | Concur Non-Concur | | |
| Directorate, Family, Morale, Welfare and Recreation | | 656-0104/0129 | Application Turn-in | | |
| Judge Advocate General (Legal Review) | | | No Legal Objection | Legally Insufficient | |
| Installation Approval Authority | | | | | |
| I have reviewed the above appication for HBB permit and I have decided to Approve / Disapprove (Select One) | | | | | |
| Valid for Three Years/ Expiration Date: _____ (3 years from date of signature unless otherwise indicated) | | | ///Signature/// FIRST M. LAST NAME Rank, Branch Commanding | | |