				it U.S. Army Garrison-			
DATA REQUIRED by the PRI						quested info	ormation will
be used by the Senior Comm	lander or th	-			iest.		
Name (Last, First, MI)			ne-Based Business Owner Name of Business			Tolophono Number	
		Mane VI Dusiness			Telephone Number		
Address of Proposed Busines	e :		Email Address				
Address of Proposed Busiliess.			Email Address	•		Previously	/ Approved?
					YES	NO	
Installation Name (If Previous)	y Approved	<u>d):</u>					
Briefly describe the proposed	business a	ctivity:					
Business Category:		Spouse Owned and Operated?			Application Submission Date:		
General Excise Tax (GETax) N	umber:						
The following rules are written	to ensure	that a HBB does	not negatively a	ffect the safety, community	y tranquility, or t	he good ord	er and
discipline of an Army installati	on. The bu	isiness owner ac	knowledges that	t the following conditions	must be met:	-	
□ The HBB owner must obtain						erating.	
 The HBB owner is responsil HBB owners providing child 						Family Child	Care (FCC)
provider system.		egiotor martino in					
□ The HBB owner is required		•		ne appropriate city, county, s	tate or federal age	ency, office o	r department
for compliance with applicable la The residential character of 				what accurs more than 25	ocreant of the hor	oo'o groop fla	or oroo
Parts or materials related to the l							
the property. Signage is limited to							Jan yanao on
Customers may only patron							
Noise, vibrations, or odors s							
□ The HBB owner residing in pl manager, before submitting a red				nowledgement to operate in N	writing from the ho	ousing comm	unity
Home-Based Business Owner	-			nd that I have read and will a	hide by the rules :	above and ar	v additional
guidance contained within the ins					blue by the fulles t		ly additional
Signature:			D	ate:			
		In	stallation Co	ordination			
Directorate / Office	Building	Telephone #		Status	Initial	D	ate
Directorate, Family, Morale, Welfare and Recreation		656-0104/0129	Application Pick	-up			
			Acknowledge	Housing:			
IPC Community Manager			Acknowledge	Housing.			
TAMC- Enviornmental Health			Concur	Non-Concur			
Additional Office			Concur	Non-Concur			
Directorate, Family, Morale, Welfare and Recreation		656-0104/0129	Application Turn-in				
Judge Advocate General			No Legal	Legally Insufficient			
(Legal Review)		lu a fa	Objection	•••			
			allation Appro		(0.1. (0.))		
I have reviewed the above appi	cation for H	BB permit and I h	ave decided to	Approve / Disapprove	(Select One)		
				STEVEN B. McGUNEGL	E		
Valid for Three Years/ Expiration Date: COLAR							
(3 years from date of signature unles	UN OTROBUICO			OOL, AN			
	ss ourierwise	indicated)		Commanding			