Application for Home-Based Business Permit Director of Family and Morale, Welfare & Recreation (DFMWR), Fort Campbell, KY

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. This checklist is designed as a template to be modified for use at each Army installation.

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Home-Based Business Owner							
Name (Last, First, MI)		Name of Business			Telephone Number		
Address of Proposed Business:			Email Address:			Previously Approved?	
Installation if Previously Appr					YES	NO	
Briefly describe the proposed bu	usiness activ	ity:					
The following rules are written to an Army installation. The busin The HBB owner must obtai The HBB owner is respons HBB owners providing child (FCC) provider system. The HBB owner is required department for compliance with HBB's involved in food preprovide documentation that state The residential character or Parts or materials related to the yards of the property. Signage Customers may only patron Noise, vibrations, or odors The HBB owner residing in pubmitting a request to the Seni Home-Based Business Owne guidance contained within the in	ess owner action the requisitible for any of care must reduced to comply we applicable laparation may est the HBB reduced to the property HBB shall be is limited to whize a HBB be shall not be corrivatized one for or Garrisoners. I certify the	cknowledges that te permissions, lic lamages to third pregister with the in with and is subject aws, codes, regular need to be appromeets all applicably shall be maintaine screened from provided to the hours detectable beyond the post housing must no Commander.	the following conditions: the following cond	itions must be met: Ie), and liability insurance the conduct of their bus buth and School Services e appropriate city, county nents. ic Health and/or the Loca sanitation conditions. y not occupy more than 2 I be limited to the interior andow from the inside and to operate in writing from	e prior to opening iness. Is office as part of the structure of the structure of the community of the commun	ng/operating. of the Family al agency, of ment. The a e home's gro or the side a minated.	Child Care fice or applicant must ass floor area. and rear
Signature:		DD policy letter.	Da	te:			
		In	stallation Coordi	nation			
Directorate / Office	Building	Telephone #	Recommendation		Initial	D	ate
Directorate, Family, Morale, Welfare and Recreation	2601, Room 138	270 412-4181	Application Pick-up				
USAG Housing Manager			Approval	Disapproval			
RCI Community Manager (if applicable)			Approval	Disapproval			
Installation Safety			Approval	Disapproval			
Additional Offices (per SC/GC guidance)			Approval	Disapproval			
Directorate, Family, Morale, Welfare and Recreation			Applic	ation Turn-in			
Judge Advocate General (Legal Review)			No Legal Objection	Legally Insufficient			
		Insta	llation Approval	Authority			
I have reviewed the above app	ication for H	BB permit and I ha	ave decided to a	approve / disapprove circle one	same.		
Expiration Date:				ANDREW Q. JORDAN COL, SF Commanding	N		
(3 years from date of signature unless of							