

FR Form 7, Application for a Home-Based Business Permit
 USAG Fort Riley Headquarters, Fort Riley, KS 66442

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>
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<u>Address of Proposed Business:</u>	<u>Email Address:</u>	<u>Previously Approved?</u>
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<u>Installation if Previously Approved:</u>	YES	NO
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Briefly describe the proposed business activity:

<u>Business Category:</u>	<u>Spouse Owned and Operated?</u>	<u>Application Submission Date:</u>
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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:

- The HBB will abide by AR 210-22, AR 210-7, and all local policies related to HBB operations.
- The HBB owner must obtain the requisite permissions, licenses (if applicable), and liability insurance prior to opening/operating.
- The HBB owner is responsible for any damages to third parties arising from the conduct of their business.
- HBB owners providing child care must register with the installation Child and Youth Services office as part of the Family Child Care (FCC) provider system.
- 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.
- HBBs involved in food preparation will need to be approved by Environmental Health. The applicant must provide documentation that states the HBB meets all applicable food safety and sanitation conditions. HBB will need to become ServSafe Manager qualified.
- HBBs involved in cosmetology services will need to be approved by Environmental Health. The applicant must provide documentation that states the HBB meets all applicable cosmetology safety and sanitation conditions. A cosmetology licence is required.
- 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.
- Customers may only patronize a HBB between the hours of 0600 and 2000.
- Noise, vibrations, or odors shall not be detectable beyond the property line.
- The HBB owner residing in privatized on-post housing must obtain approval to operate in writing from the Corvias community manager before submitting a request to MWR.

Home-Based Business Owner: I certify that the above statements are true and that I have read and will abide by the rules above any additional guidance contained within the installation's HBB policy letter.

Signature: _____

Date: _____

Installation Coordination

Step	Directorate / Office	Building	Telephone #	Recommendation/Action	Initial	Date
1	Corvias Community Office		785-717-2246 785-717-2260 785-717-2243	Acknowledged		

IF YOUR HOME BASED BUSINESS INVOLVES FOOD PREPARATION OR COSMETOLOGY SERVICES OF ANY KIND YOU WILL COMPLETE STEP 2. IF NOT, PROCEED TO STEP 3.

2	Environmental Health for an inspection and training for ServSafe Manager	650 (IRWIN / IACH)	785-239-7323	Pass	Fail	
3	Directorate, Family, Morale, Welfare and Recreation	500 Room 108	785-239-2917	Application turn in		

Home Based Business Coordinator will complete below

4	Judge Advocate General (Legal Review)			No Legal Objection	Legally Insufficient	
5	Directorate, Family, Morale, Welfare and Recreation	500 Room 108	785-239-2917	Application filed		

Reason for Dissapproval

Installation Approval Authority

I have reviewed the above application for HBB permit and I have decided to: approve / disapprove
 Circle one

Expiration Date: _____
 (1 year from date of signature unless otherwise indicated)

 Commander, USAG Fort Riley