Application for Home-Based Business Permit Fort Benning, GA 31905

DATA REQUIRED by the PRIVACY ACT of 1974. Authority: Title 5 USC 552a: Title 10. USC 3013. Purpose: The requested information

will be used by the Senior C	ommander o	r his/her designe	e to determin	e whether or no	ot to grant this reque	st.		
		Home-	-Based Busin	ess Owner				
Name (Last, First, MI):		Name of Business:			Telephone Number:			
Address of Dranssed Dusiness		Email Address:		Previously approved?				
Address of Proposed Business:		Email Address:		, , , ,				
				Yes □ No □				
Installation if Previously Appro Briefly describe the proposed		.i.s						
Briefly describe the proposed	business activ	/ity:						
Following are the rules to ensure the Fort Benning. The business of						ood order and d	liscipline on	
_						/operating.		
 □ HBB owner must obtain the requisite permissions, licenses (if applicable), and liability insurance prior to opening/operating. □ HBB owner is responsible for any damages to third parties arising from the conduct of his/her business. 								
□ HBB owner providing child o						mily Child Care	(FCC)	
provider system.	1 20		11 0		. 5: 1/ 1 : 0			
□ HBB owner is required to co Medicine for compliance with a					ety, Fire, Veterinary Se	ervices, and Pre	ventive	
☐ An HBB involved in food pre documentation that states the	paration need	ls Martin Army Co	mmunity Hosp	oital Preventive M		applicant must	provide	
□ The residential character of			-			the home's gro	ss floor	
area. Parts or materials relate	d to the HBB	shall be screened	from public vie	ew and will be lim	ited to the interior of t	he structure or	the side and	
rear yards of the property.	200 2000							
□ Operating hours between 08								
□ Noise, vibrations or odors sh Home-Based Business Own					road and will abide by	the rules shows	and any	
additional guidance contained				and that i have	ead and will ablue by	the rules above	; and any	
_		, .	_					
Signature:		net	Date: allation Coor					
Directorate/Office	Building	Telephone		mendation	Name	Initial	Date	
Information, Referral and	Dullullig	relephone	Recoil	mendation	Hame	mitial	Date	
Follow-up Office, ACS	7	706-545-6934	Applica	tion Pick-up	Albert Lee			
RCI Government Housing	280	706-545-3803	Approval	Disapproval				
Safety Office	16	706-545-4844	Approval	Disapproval				
Fire Services	80	706-545-0283	Approval	Disapproval				
MACH Preventive Medicine	3415	706-545-1446	Approval	Disapproval				
Veterinary Services	265	706-545-5438	Approval	Disapproval				
Information, Referral and	200	7 00 0 10 0 100	7 ipprovai	Бюаррготаг				
Follow-up Office, ACS	7		Application Turn-in		Albert Lee			
Staff Judge Advocate (Legal Review)			No Legal Objection	Legally Insufficient				
Reason for Disapproval			,					
		Installa	ation Approva	al Authority				
I have reviewed the above app	olication for HI				disapprove the sa	me.		
					circle one)			
				,	,			
MATTHEW SCALIA Date								
Expiration Date:				COL. IN. Garrison Commander				

Туре	Species

Veterinary Services will provide appropriate guidance and risk management. It will conduct inspection depending on type and number of animals.

Food vendors need to take Food Operation Safety Course at

Yes____ No____

<u>Martin Army Community Hospital > Healthcare Services > Preventive Medicine > Department of Preventive Medicine > Environmental Health > Food Operation Safety Course</u>

or at

Have pets?

https://www.servsafe.com/ServSafe-Food-Handler