	Application of Home-Based Business Permit Fort Moore, GA 31905							
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>		Name of Business			Telephone Number			
Address of Proposed Busines		Email Address:			Previously Approved?			
Installation if Previously Approved:						YES	NO	
Briefly describe the proposed business activity:								
Business Category:	Spouse Owned	pouse Owned and Operated? Application Sub			omission Date:			
 HBB owners providing childcare must register with 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 installation Safety, Fire, Veterinary Services, and Preventive Medicine for compliance with applicable laws, codes, regulations and requirements. An HBB involved in food preparation needs Martin Army Community Hospital Preventive Medicine approval. The applicant must provide documentation that states the HBB meets all applicable food safety and sanitation conditions. 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 0800 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 community manager before submitting a request to the Senior 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 memorandum.								
Signature: Date:								
Installation Coordination								
Directorate / Office	Building	Telephone #	Recommendation		Initial		Date	
Follow-up Office, ACS	7	706-545-4043	Applica	ation Pick-up				
RCI Community Manager (if applicable)	35 rm 385	706-545-3803	Approval	Disapproval				
Installation Safety Office	2779	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	706-545-1127	Approval	Disapproval				
Information, Referral and Follow-up Office, ACS	7	706-545-4043	Application Turn-in			1		
Judge Advocate General (Legal Review)			No Legal Objection	Legally Insufficient				
Reason for Disapproval			Objection					
		Insta	Ilation Approval	Authority				
I have reviewed the above application for HBB permit and I have decided to approve / disapprove same.								
				(circle one)				
Expiration Date:		JEREL EVANS COL, AR Commanding		Date				

(3 years from date of signature unless otherwise indicated)