



WoodmoorSM

IMPROVEMENT ASSOCIATION

APPLICATION TO OPERATE A BUSINESS IN A HOME

NAME OF APPLICANT(S): _____

STREET ADDRESS: _____

LOT LEGAL DESCRIPTION: _____

TELEPHONE NUMBER (S): _____

NATURE OF BUSINESS: (Provide sufficient detail to give reader an understanding of what product or service will be provided and to what extent the business will (or will not) impact the Woodmoor community – continue on back side if additional space is required.)

DAYS OPEN: SU MO TU WE TH FR SA (CIRCLE APPLICABLE DAYS)

HOURS OPEN: _____

MAXIMUM NUMBER OF CLIENTS PRESENT AT ANY GIVEN TIME: _____

NUMBER OF EMPLOYEES WORKING AT HOUSE AT ONE TIME: _____

NUMBER OF VEHICLES: _____

AVAILABILITY OF OFF STREET PARKING: _____
(Number of vehicle parking spaces)

NUMBER OF & MAXIMUM WEIGHT OF ANY VISITOR VEHICLES: _____

AVERAGE LENGTH OF TIME PER CLIENT: _____

PRODUCT/MATERIALS DELIVERY: _____

FREQUENCY: _____

QUANTITY: _____