



FOR OFFICE USE ONLY	
Permit No.	Date Sub.

Home Based Business Application

Name: _____ Address: _____

Div & Lot # : _____ Phone # : _____

Business Name: _____

Business Phone: _____

Business Description: _____

Does the Operation of this business require any of the following?

1. Modification of the existing residence? Yes / No
2. Delivery Trucks? Yes / No
3. Employees coming to the place of business? Yes / No
4. Customers coming to the place of business? Yes / No
5. Does this business generate any noise? Yes / No

- MILL CREEK COMMUNITY ASSOCIATION DECLARATION OF RESTRICTIVE COVENANTS APPLY TO ALL BUSINESSES.

Permission to operate a home based business will be withdrawn immediately if any violations occur.

Signature of Applicant(s): _____ Date: _____

Application Approved: _____ Date: _____

Application Disapproved: _____ Date: _____

Reason: _____