



COMMUNITY ASSOCIATION

ESTABLISHED 1973

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.
- SHOULD YOUR BUSINESS TERMINATE OPERATION PLEASE NOTIFY MCCA.

Permission to operate a home-based business will be withdrawn immediately if any violations occur.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

Make sure you attach:

- City of Mill Creek Business License
- State of Washington Business License

15524 Country Club Drive ● Mill Creek, Washington 98012