## Application | Registration Form for Douglas County Home Occupation 3755 E 25<sup>th</sup> Street, Lawrence, KS 66046 PH: 785.331.1343 | Fax: 785.842.1201

Pro	pperty Owner Information:			
Na	me			
Ad	dress	City	State	Zip Code
Ma	iling Address (if different from abo	ove)		
Phone Number:		[work]		[home]
Na	me of Home Occupation:			
De	scription of Home Occupation:			
	- 21 · 34/ 2 			
Ple	ase Complete for All Home Occup  Please indicate the type of Home  O Rural Home [Type 1] O R	e Occupation you operate		listed above.
2.	When was this business establis	shed at this location?		
3.	Was the Home Occupation on the August 16, 2000?	nis application operated o	on the above add	dress/property on No
4.	Number of parking spaces provided solely for the Rural Home Business.			
5.	Number of Non-Resident Employ	yees:		
	Full Time		Part-Time	
6.	Area of residence used for Rural	l Home Business:	[Se	quare Footage]
	Area of accessory building used	for Rural Home Business	:[So	quare Footage]

## Please read the following information:

- This application form is non-transferable. If you sell your business or move to a new location within the unincorporated portion of Douglas County, you must complete a new application form and register with the Douglas County Zoning and Codes office.
- Any changes to your business, you will need to contact the Douglas County Zoning and Codes department to ensure compliance.
- Filing fees are non-refundable.

By signing this application, I acknowledge that I understand that it is the business owner's responsibility to conform to the Douglas County Zoning Regulations and that if the information here provided proves to be false, incomplete, and/or inaccurate, the permit will be removed. Further, by signing this application, I consent to access the premises, at reasonable times, by appropriate officials of Douglas County for the purpose of evaluating this application prior to its approval.

I hereby swear or affirm that the above information is accurate to the best of my knowledge.

	Business Owner	Date
Subscribed and sworn to before me, thi	is day of	, 20
[Seal]	Notary Name	
Zoning & Codes Office Use Only:	Date Receive	ed [Stamp Here]
Date Application Reviewed:		
Site Visited on:	Inspector's I	nitials:
Comments:		
Approved by: Zoning and Codes	Date:	