



## CITY OF HENDERSON, KENTUCKY RESIDENTIAL BUSINESS VERIFICATION FORM

New Business Owner(s):

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Business Address:

Street \_\_\_\_\_

Telephone/Email:

Phone \_\_\_\_\_ / Email \_\_\_\_\_

Description of proposed business:

Will the business occupy more than 25% of the structure? Yes \_\_\_\_\_ No \_\_\_\_\_

Will this business involve retail sales? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the business have any visible evidence of the home occupation? Yes \_\_\_\_\_ No \_\_\_\_\_

Will the business generate any atmospheric pollution, light flashes, glare, odors, noise, vibration, or truck traffic? Yes \_\_\_\_\_ No \_\_\_\_\_

If any of the above are answered "Yes", stop now and reject application.

The business is allowed one unlighted sign mounted flat against the wall and must not exceed 4 sq. ft. in area.

Will the business have a sign? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of employees (other than owner) 0 \_\_\_\_\_ or 1 \_\_\_\_\_

Will the business be operated in detached garage? Yes \_\_\_\_\_ No \_\_\_\_\_

### Allowed Home Occupations

Accountant	Chiropractor	Engineer	Photographer
Architect	Contractor (office only)	Interior Decorator	Physician
Attorney	Consultant	Manufacturer's agent	Seamstress
Bookkeeper	Counselor	Musician	Teacher
Broker	Dentist	Optometrist	
Chiropodist	Draftsman	Osteopath	
And any other substantially similar activity			

I (we) do hereby certify that the above information is true and correct to the best of my (our) knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

**CURRENT ZONING** \_\_\_\_\_

The business above is permitted:

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

\_\_\_\_\_

If no is checked – Notify applicant by mail and attach copy of letter to this form

Code Administrator/Designee: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_