

**HOME OCCUPATION QUESTIONNAIRE: Please fill out and return with your application.  
City of West Plains, 1910 Holiday Lane, West Plains, MO 65775 (417) 256-7176**

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe the type of business you propose to conduct: \_\_\_\_\_

Will this business be conducted entirely within your residence as it relates to activities at your residence? Yes or No

Will there be any employees other than your immediate household? Yes or No

if yes, describe: \_\_\_\_\_

Is the dwelling used mainly as your family residence? Yes or No

How many vehicles are used in conjunction with the business? \_\_\_\_\_

Will anything be made on the premises? Yes or No

If yes, describe what and how it will be made. \_\_\_\_\_

What equipment and machines are used in the business? \_\_\_\_\_

Will anything be stored on the premises? Yes or No

Will any materials, goods, supplies be delivered to the residence? Yes or No If yes, how often?

\_\_\_\_\_

Will any customers or clients come to your home? Yes or No If yes, how many per day? \_\_\_\_\_

How is contact made with customers or clients? \_\_\_\_\_

Will any items be sold on the premises? Yes or No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Will any other location be used in conjunction with this business? Yes or No If yes, where?

\_\_\_\_\_

If product is sold or distributed, how is it delivered to the customer? \_\_\_\_\_

Is outside signage planned? Yes or No

Is customer parking planned? (other than named residents) Yes or No

For Applicant: In signing this document, I state that I have read and understood the "Ordinance for a home occupation" and that I will abide by all such regulations. I realize that a violation of these is justification for revoking my license and prosecution for a zoning violation.

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