DATA REQUIRED by the PRIVA information will be used by the is designed as a template to be	Senior Comr	nander or their d	esignee to determ				hecklist
		Home-Ba	sed Business Ow	ner			
Name (Last, First, MI)	Name of Business			Telephone Numbe			
Address of Proposed Business:			Email Address:			Previously Approved?	
Installation if Previously Approved:						YES	NO
Briefly describe the proposed bus		ty:					
Business Category:		Spouse Owned and Operated?			Application Submission Date:		
The following rules are written to en an Army installation. The business The HBB owner must obtain the The HBB owner is responsible HBB owners providing child care (FCC) provider system. The HBB owner is required to department for compliance with app HBB's involved in food prepara provide documentation that states the The residential character of the Parts or materials related to the HBI yards of the property. Signage is lin Customers may only patronize Noise, vibrations, or odors shall The HBB owner residing in private submitting a request to the Senior of Home-Based Business Owner: In guidance contained within the installed.	owner acknowner erequisite per for any damare must regist comply with an indicable laws, of the HBB meets are property shall be sometimed to what of a HBB between the HBB between the detection of the detection	wledges that the formissions, license ges to third parties er with the installand is subject to inscodes, regulations do to be approved to sall applicable for all be maintained. The hours of 06 ctable beyond the housing must obtain above statement.	ollowing conditions as (if applicable), and arising from the contion Child, Youth an appetion of the appetion	must be met: d liability insurance product of their busines and School Services of ropriate city, county, s alth and/or the Local H attion conditions. accupy more than 25 p anited to the interior of arom the inside and ma	rior to opening/opess. fice as part of the tate or federal agrealth Department of the horizontal percent of the horizontal percent of the horizontal percent of the structure or the structure or the ay not be illuminated.	perating. Family Childer Jency, office of t. The applicate. The side and reside and reside. Jene side and reside.	d Care or cant must oor area. ear
Signature:	ן ממוטווא המט	Dolley letter.	Date:				
		Installa	ation Coordination				
Directorate / Office	Building	Telephone #	Recommendation		Initial	Dat	е
Directorate, Family, Morale, Welfare and Recreation	Camp Henry T-1103	050-3363-2259	Applicat	Application Pick-up			
USAG Daegu Housing Manager	Camp Walker Bldg. 330	050-3363-4570	Approval	Disapproval			
AAFES Manager	Camp Walker Bldg. S340	050-3364-4638	Approval	Disapproval			,
Installation Safety	Camp Henry Bldg. 1211	050-3363-5990	Approval	Disapproval			
Preventive Med (If Applicable) *also need a "Good Health Certificate attached*	Camp Walker Bldg. 303	050-737-4700	Approval	Disapproval			
Directorate, Family, Morale, Welfare and Recreation	Camp Henry T-1103	050-3363-2259	Application Turn-in				
Judge Advocate General (Legal Review)	Camp Henry Bldg. 1814	050-3363-4437	No Legal Objection	Legally Insufficient			
Reason for Dissaproval							
		Installatio	on Approval Autho	rity			
I have reviewed the above appicati	on for HBB p	ermit and I have d	lecided to approv	ve / disapprove s EDWARD J. BALLAI COL, AR Commanding	same. NCO		

(3 years from date of signature unless otherwise indicated)

Example Application for Home-Based Business Permit