DATA REQUIRED by the PRIV be used by the Senior Commi- template to be modified for use	ander or their o	designee to deter				-		
-		Home-E	Based Business (Owner				
Name (Last, First, MI)			Name of Business			Telephoi	Telephone Number	
Address of Proposed Business:			Email Address:			Previously Approved?		
Installation if Previously Appro				YES NO				
Briefly describe the proposed b		ty:					<u> </u>	
			 					
	Annihostica O			harden Beter				
Business Category:		Spouse Owned and Operated?			Application Submission Date:			
The following rules are written to Army installation. The business of The HBB owner must obtain The HBB owner is responsib HBB owners providing child provider system. The HBB owner is required to department for compliance with a HBB's involved in food preparting deviced documentation that states The residential character of the Parts or materials related to the Hethe property. Signage is limited to Customers may only patroniz Noise, vibrations, or odors slowers to the Senior or Garrison Home-Based Business Owner: guidance contained within the installation.	owner acknowled the requisite people for any dama care must regist of comply with a pplicable laws, or aration may needs the property shad the property shad the property shad be sort of what can be doze a HBB between all not be detected to the commander. I certify that the	dges that the followarmissions, license ges to third parties ter with the installation of the sall applicable footh applicabl	ving conditions must (if applicable), a sarising from the contion Child, Youth a spection by the application and requirements by Army Public Head safety and sanit. The HBB may not view and will be lied window from the continuous coroperty line.	ust be met: nd liability insurance product of their busine and School Services of propriate city, county, so alth and/or the Local Hation conditions. occupy more than 25 mited to the interior of inside and may not be erate in writing from the	rior to opening/oss. Iffice as part of the state or federal and ealth Department of the hother structure or end illuminated.	operating. The Family Chicagency, office The application one's gross for the side and	ild Care (FCC) or cant must floor area. rear yards of	
Signature:	<u>'</u>		Date:					
		Insta	llation Coordinat	tion				
Directorate / Office	Building	Telephone #	Recom	Recommendation		[Date	
Directorate, Family, Morale, Welfare and Recreation	Camp Walker S-374	050-3363-6075	Applica	ation Pick-up				
Installation Safety	Camp Henry Bldg. 1211	050-3363-5990	Approval	Disapproval				
USAG Daegu Housing Manager	Camp Walker Bldg. 330	050-3363-4570	Approval	Disapproval				
Preventive Med (If the business has food involved)	Camp Walker Bldg. 303	0503-3337-4700	Approval	Disapproval				
Directorate, Family, Morale, Welfare and Recreation	Camp Walker S-374	050-3363-6075	Application Turn-in					
Judge Advocate General (Legal Review)	Camp Henry Bldg. 1814	050-3363-4437	No Legal Objection	Legally Insufficient				
Reason for Dissaproval	Diag. 1014		Objection					
		Inetallet	ion Approval Au	the auditor				
I have reviewed the above appic	ation for HBB p				nme.			
	COL, CA							
Expiration Date:				Commanding				
(3 years from date of signature unless oth	ierwise indicated)							

Example Application for Home-Based