DATA REQUIRED by the PR information will be used by t is designed as a template to	the Senior C	ommander or th	eir designee to d	etermine whether or I			
			e-Based Busines				
Name (Last, First, MI)			Name of Business			Telephone Number	
Address of Proposed Business:			Email Address:			<u>Previously</u>	
						Approved?	
Installation if Previously Appro Briefly describe the proposed		ndividu.				YES	NO
briefly describe the proposed	DUSINESS A	ctivity.					
Business Category:		Spouse Owned and Operated?			Application Submission Date:		
The following rules are written to	oncure that	a UDD door not n	ogativaly affact th	a cafaty, community tra	nauility or the a	and order on	d discipling of
an Army installation. The busine The HBB owner must obtai The HBB owner is responsi HBB owners providing child (FCC) provider system. The HBB owner is required department for compliance with HBB's involved in food preprovide documentation that state. The residential character of Parts or materials related to the yards of the property. Signage is Customers may only patron. Noise, vibrations, or odors of The HBB owner residing in proubmitting a request to the Seniene-Based Business Owner guidance contained within the in	in the requisitible for any did care must reach to comply with applicable lad paration may be the HBB neach the property HBB shall be shall not be crivatized on-por or Garriso	te permissions, lic amages to third p. egister with the institution of the ith and is subject to ws, codes, regula need to be appro- neets all applicable is shall be maintain e screened from pay that can be display etween the hours detectable beyond post housing must in Commander.	tenses (if applicabe arties arising from stallation Child, You inspection by the tions and requirenced by Army Publice food safety and led. The HBB may be ublic view and will yed in a single win of 0600 and 2000 the property line.	le), and liability insuranthe conduct of their buth and School Service appropriate city, cournents. It Health and/or the Local sanitation conditions. It not occupy more than be limited to the interiod dow from the inside and properate in writing from	siness. es office as part of the cal Health Depart of the structure of the may not be illum the community	of the Family al agency, of tment. The a e home's gro or the side a minated.	Child Care ffice or applicant must oss floor area. and rear
Signature:			Dat	e:			
Installation Coordination							
Directorate / Office	Building	Telephone #	Recon	nmendation	Initial	D	ate
Directorate, Family, Morale, Welfare and Recreation			Application Pick-up				
USAG Housing Manager			Approval	Disapproval			
RCI Community Manager (if applicable)			Approval	Disapproval			
Installation Safety			Approval	Disapproval			
Additional Offices			Approval	Disapproval			
(per SC/GC guidance) Directorate, Family, Morale, Welfare and Recreation				ation Turn-in			
Judge Advocate General			No Legal Legally Inquifficient				
(Legal Review)			Objection	Legally Insufficient			
Reason for Dissaproval							
		Insta	llation Approval /	Authority			
I have reviewed the above app	ication for HE	BB permit and I ha	ave decided to a	pprove / disapprove circle one			
///Signature/// FIRST M. LAST NAME Rank, Branch Commanding By years from date of signature unless otherwise indicated)							

Example Application for Home-Based Business Permit