



DEPARTMENT OF THE ARMY  
U.S. ARMY INSTALLATION MANAGEMENT COMMAND  
FMWR HEADQUARTERS  
UNITED STATES ARMY GARRISON WEST POINT  
681 HARDEE PLACE, RM 206  
WEST POINT, NEW YORK 10996-1514  
(845) 938-8455



**Application for Home Based Business**  
**All company & business owner names will be posted on the FMWR website**

\_\_\_\_\_ **New**                      \_\_\_\_\_ **Renewal**

1. Name: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

3. Street Address: \_\_\_\_\_

4. City/State/Zip: \_\_\_\_\_

5. Contact Phone Number: \_\_\_\_\_

6. Employer Identification Number (EIN): \_\_\_\_\_

7. E-Mail Address: \_\_\_\_\_

8. Website Address: \_\_\_\_\_

9. Type of Business (ex. photography, clothing, skincare, etc.): \_\_\_\_\_

\_\_\_\_\_

10. Brief Description of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- |  |     |    |
|--|-----|----|
| 11. Is this an on-line only business?                    | Yes | No |
| 12. Will you be offering any classes?                    | Yes | No |
| 13. Will customers physically be entering your quarters? | Yes | No |

- If so, how many at any given time do you estimate will be there? \_\_\_\_\_

14. Will you be using any heat sources or equipment that draws electric? Yes No

- If yes, please list the heat source or equipment that will draw electric power:

\_\_\_\_\_  
\_\_\_\_\_

15. Will you be using any chemicals, flammables, etc? Yes No

- If yes, please list what chemicals/flammables you will be using? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

16. Will you be using any equipment with sharp blades, sharp points, rollers or pinch points?

Yes No

- If yes, please list what equipment you will be using: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. Will West Point Logos/Trademarks be used on any products: Yes No

- If yes, please contact the Licensing Director at [licensing@usma.edu](mailto:licensing@usma.edu) for approval and submit written approval with your application.

18. I understand that the following documents must be provided with my application: **DD Form 2977, Deliberate Risk Assessment Worksheet, copies of Certificate of Authority/NYS Sales Tax Permits/Certifications/Licenses for NYS & Federal Requirements.**

19. I hereby certify that there will be no requirement for additional quarter amenities, no unusual wear and tear on the facilities, no requirement for additional parking, no conflict of interest and no use of military title, position designation or connection with business.

20. I agree to comply with all applicable regulations in the AR 210-7, Personal Commercial Solicitation on Army Installations (copy attached).

21. I have checked with the Office of Business Permits and Regulatory Assistance, concerning State tax, licensing and other requirements for operating a business in the State of New York and have taken the necessary steps to ensure compliance with all Federal, state and local tax, certification, licensing and other requirements.

22. I understand that approval to operate a business from my house is not a right but is a privilege conditioned on continued compliance with the rules and all applicable Federal, state and local laws.

23. I understand that my signature below represents my understanding of the above and provides consent to place the name of my company and my name as the owner on the FMWR website.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Received by FMWR: \_\_\_\_\_  
Date

FMWR signature: \_\_\_\_\_