



HOME OCCUPATION LICENSE \$55.00  
HOME DAYCARE \$110.00

New Application \_\_\_\_\_  
Renewal \_\_\_\_\_

FOR OFFICE USE ONLY

Date sent to B/Z \_\_\_\_\_ Initials \_\_\_\_\_ Date License Issued \_\_\_\_\_ Initials \_\_\_\_\_  
Date on approval: \_\_\_\_\_  
ZONING \_\_\_\_\_ PLUMBING \_\_\_\_\_ BUILDING \_\_\_\_\_ ELECTRICAL \_\_\_\_\_ HEALTH \_\_\_\_\_  
Date of final approval \_\_\_\_\_ Initials \_\_\_\_\_

A HOME OCCUPATION IS ANY OCCUPATION OR PROFESSION CARRIED ON BY A MEMBER OF THE IMMEDIATE FAMILY RESIDING ON THE PREMISES, IN CONNECTION WITH WHICH THERE IS USED NO SIGN OR DISPLAY THAT WILL INDICATE FROM THE EXTERIOR THAT THE BUILDING IS BEING UTILIZED IN WHOLE OR IN PART FOR ANY PURPOSE OTHER THAN THAT OF A DWELLING; NO SUBSTANTIAL AMOUNT OF STOCK IN TRADE IS KEPT OR COMMODITIES SOLD; NO PERSON IS EMPLOYED OTHER THAN A MEMBER OF THE IMMEDIATE FAMILY RESIDING ON THE PREMISES; AND NO MECHANICAL OR ELECTRICAL EQUIPMENT IS USED EXCEPT SUCH AS IS PERMISSIBLE FOR PURELY DOMESTIC OR HOUSEHOLD PURPOSES. A PROFESSIONAL PERSON MAY USE THEIR RESIDENCE FOR INFREQUENT CONSULTATION, EMERGENCY TREATMENT, OR PERFORMANCE OF RELIGIOUS RITES, BUT NOT FOR THE GENERAL PRACTICE OF THEIR PROFESSION. A HOME OCCUPATION DOES NOT INCLUDE THE SALE OF EDIBLE MERCHANDISE (BEVERAGES, SNACKS, CANDY, SANDWICHES, ETC.) FROM THE HOME OR YARD TO THE PUBLIC.

WRITTEN APPROVAL FROM THE PROPERTY OWNER MUST BE ATTACHED IF DIFFERENT FROM BUSINESS OWNER

(PRINT OR TYPE)  
NAME OF BUSINESS \_\_\_\_\_ BUS. PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX # \_\_\_\_\_  
BUSINESS TAX I.D. # OR SOCIAL SECURITY #: \_\_\_\_\_  
NAME OF BUSINESS OWNER \_\_\_\_\_ EMERGENCY # \_\_\_\_\_  
TYPE OF BUSINESS (EXPLAIN IN DETAIL) \_\_\_\_\_

DESCRIBE WHICH ROOMS WILL BE USED IN THE CONDUCT OF THE BUSINESS AND WHAT ROOMS WILL BE USED FOR STORAGE \_\_\_\_\_  
DESCRIBE INTENDED ACTIVITIES, MATERIALS AND EQUIPMENT REQUIRED \_\_\_\_\_

WILL PEOPLE COME TO YOUR HOME TO OBTAIN AND/OR DELIVER ANY PRODUCT OR UTILIZE ANY SERVICE CONNECTED WITH THE PROPOSED BUSINESS? \_\_\_\_\_ HOW MANY PERSONS WILL BE INVOLVED IN THE CONDUCT OF THE BUSINESS? \_\_\_\_\_  
HOURS OF OPERATION \_\_\_\_\_

\*\*\*\*\* ONLY MEMBERS OF THE IMMEDIATE FAMILY RESIDING IN HOME ARE ELIGIBLE \*\*\*\*\*

OWNER OF PROPERTY (if different)

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
STREET CITY/STATE ZIP

\*\*\*\*\* WRITTEN APPROVAL FROM PROPERTY OWNER MUST ACCOMPANY THIS APPLICATION \*\*\*\*\*

DAYCARE APPLICATIONS – MUST COMPLETE BACK PAGE

AS THE APPLICANT FOR THIS LICENSE, I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE INFORMATION AS NOTED IN THIS APPLICATION, AND EXPRESSLY AGREE TO CONFORM TO ALL APPLICABLE ORDINANCES, RULES AND REGULATIONS OF THE VILLAGE OF RIVERDALE.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_

\*\*\*MUST PROVIDE PROOF OF INSURANCE\*\*\*