

CITY OF TALLADEGA  
Home Occupation Application

Name of Business: \_\_\_\_\_

Name of Resident: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Has the City issued a business license before? \_\_\_\_\_

If Yes, was business license in effect in 1990? \_\_\_\_\_

**Nature of Business**

Describe nature of business: \_\_\_\_\_

\_\_\_\_\_

List all equipment or machinery to be used: \_\_\_\_\_

\_\_\_\_\_

Describe any mechanical, electrical or plumbing equipment or systems installed or to be installed for the operation of business:

\_\_\_\_\_

\_\_\_\_\_

Hours and days of operation: \_\_\_\_\_

Motor vehicles used in business (Make, Model, Model Year, Color and License Tag number of each vehicle): \_\_\_\_\_

\_\_\_\_\_

Describe any special parking or traffic situations: \_\_\_\_\_

\_\_\_\_\_

**Residential Information**

Business conducted in: (check one)

\_\_\_\_\_ **Residence** Total square footage of residence: \_\_\_\_\_

Total square footage of residence used by business: \_\_\_\_\_

\_\_\_\_\_ **Detached Accessory Structure** Total square footage of structure: \_\_\_\_\_

Was structure built prior to December 2, 1990: \_\_\_\_\_

**Continued on back of sheet - attach additional sheets as needed to complete.**

**Business Information**

Business employees: List all employees working full or part-time.

Resident Employees:

<b>Name</b>	<b>Number of hours worked per week</b>
_____	_____
_____	_____
_____	_____

Non-resident Employees:

<b>Name and Address</b>	<b>Number of hours worked per week</b>
_____	_____
_____	_____
_____	_____

Gross annual revenue of the business for the last four years:

<b>Year</b>	<b>Revenue</b>	<b>Year</b>	<b>Revenue</b>
_____	_____	_____	_____
_____	_____	_____	_____

Describe any inventory kept on the premises, indicating the usual quantity of each category of inventory:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any retail sales (transfer of goods) to be conducted on the premises:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned applicant certifies that, to the best of his/her knowledge, information, and belief, the foregoing information is true and correct.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*