



**TOWNSHIP OF DENNIS
2008 HOME OCCUPATION REGISTRATION FORM**

Information required:

Type of Business: _____

Name of Business: _____

Name of Owner : _____

Mailing Address : _____

Mailing City : _____ State: _____ Zip: _____

State I.D #: _____ Federal I.D. #: _____

Location of Business: Block #: _____ Lot (s) #: _____

Business Street Address: _____

Business Phone #: _____ Owners Phone #: _____

Number of Employess: _____

Do you use any hazardous materials in conjunction with your business? _____

If yes please list types: _____

> _____

Additional Information: _____

OWNERS CERTIFICATION

I _____ hereby certify that this business qualifies as a home occupation as defined in the zoning ordinance of the Township of Dennis, and that does not regularly sell or offer for sale any goods or products, and that no more than one commercial or business related vehicle is parked or stored at the occupation's location as defined in Ordinance 90-202.

Owner's Signature

_____/_____/_____
Date

Notary Signature

_____/_____/_____
Date