



## TOWNSHIP OF DENNIS 2010 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