DATA REQUIRED by the PRI information will be used by t is designed as a template to	he Senior (	Commander or th	eir designee to de	termine whether or i				
		Hom	e-Based Business	Owner				
<u>Name (Last, First, MI)</u>			Name of Business		Telephone Number			
Address of Proposed Business:			Email Address:			Previously Approved? YES NO		
Installation if Previously Appro	oved:							
Briefly describe the proposed	business a	ctivity:						
Business Category:		Spouse Owned and Operated?			Application Submission Date:			
<ul> <li>The HBB owner is responsil</li> <li>HBB owners providing child</li> <li>(FCC) provider system.</li> <li>The HBB owner is required</li> <li>department for compliance with a</li> <li>HBB's involved in food prep</li> <li>provide documentation that state</li> <li>The residential character of</li> <li>Parts or materials related to the I</li> <li>yards of the property. Signage is</li> <li>Customers may only patron</li> <li>Noise, vibrations, or odors s</li> <li>The HBB owner residing in pr</li> <li>submitting a request to the Senic</li> <li>Home-Based Business Owner</li> </ul>	care must r to comply w applicable la aration may s the HBB r the propert HBB shall b s limited to v ize a HBB b hall not be ivatized on- or or Garriso	register with the in- rith and is subject to aws, codes, regular red to be appro- neets all applicabl y shall be maintain e screened from p what can be displar etween the hours detectable beyond post housing must in Commander. at the above state	stallation Child, You to inspection by the tions and requirem ved by Army Public e food safety and s led. The HBB may ublic view and will l yed in a single wind of 0600 and 2000. the property line.	ath and School Service appropriate city, cour- ents. Health and/or the Loo anitation conditions. not occupy more than be limited to the interior low from the inside an operate in writing from	es office as part of aty, state or feder cal Health Depart 25 percent of the or of the structure d may not be illu n the community	al agency, of tment. The a e home's gro or the side a minated. manager be	ffice or applicant must oss floor area. and rear	
Signature:				Date:				
Installation Coordination								
Directorate / Office Directorate, Family, Morale,	Building	Telephone #	Recommendation		Initial	L	Date	
Welfare and Recreation	194	(254) 287-0240	Application Briefing					
USAG Housing Manager	18010	(254) 220-4799	Approval	Disapproval				
Installation Safety	1001	(254) 287-3323	Approval	Disapproval				
Preventive Medicine	76022	(254) 288-9112	Approval	Disapproval				
Directorate, Family, Morale, Welfare and Recreation	194	(254) 287-0240	Application Turn-in					
Judge Advocate General (Legal Review)			No Legal Objection	Legally Insufficient				
<u>Reason for Dissaproval</u>								
		Insta	llation Approval A	uthority				
I have reviewed the above appi	cation for H	BB permit and I ha	ave decided to: A	pprove / Disapprov				
Expiration Date:	Expiration Date: COL, LG							
(3 years from date of signature unless of	herwise indica	ted)		3				