

City of Spooner

"Crossroads of the North"

515 North Summit Street P.O. Box 548 Spooner, Wis. 54801-0548 (715) 635-8769 Fax (715) 635-9319

Gary J. Cuskey
Mayor

Krista J. Lyons-Hartwig
City Clerk / Treasurer

APPLICATION FOR HOME OCCUPATION PERMIT

Section 86-521 through 86-524
First time fee \$50.00 Yearly Renewal \$10.00

1. Full name and address: _____

_____ Phone Number: _____
2. Location of residence – specify by lot and block no. and appropriate subdivision:

3. Indicate whether you are the owner of said premises, and if not, please state who is the owner:

4. Fully describe in as much detail as possible the type of occupation which you plan to engage in:

5. Will such occupation be conducted throughout the entire year? _____ If not, please state during which portions of the year such occupation will be conducted: _____
6. Will there be any employees engaged in such occupation outside of members of your immediate family living in such residence? _____
7. Indicate the approximate hours per month that such occupation will be conducted: _____
8. Please state (1. the approximate total square footage of floor space in your home and then state (2. the approximate square footage of floor space which will be used either partially or wholly for the conduct of such occupation: _____

9. Will the conduct of your proposed occupation in your residence necessitate or include patrons or customers coming upon your premises for service or the purchase of goods? YES or NO If so, please indicate the approximate number of patrons or customers per day that you anticipate will be coming on your premises for such services or goods. _____ . (If day care, please indicate the number of children)

The undersigned applicant hereby states that the answers to the above questions are true to the best of his knowledge and belief, and hereby agrees to abide by all conditions and provisions as are contained in any permit issued for the conduct of such Home Occupation as shall be ordered by the Planning Committee of the Common council of the City of Spooner. **It is highly recommended that you attend the Plan Commission meeting to address any additional questions.**

Dated this _____ day of _____,

Name

Address

(After completing this application in full and properly signing the same, this application is to be submitted to the City Clerk's office for the City of Spooner, Wisconsin)

All required state/federal certifications or licenses must be valid before applying.

Approval or Denial of Application

1. The Above application is hereby approve and a permit shall be issued subject to the following conditions and provisions: _____

2. The above application is hereby denied for the following reasons: _____

This application is valid from January 1st to December 31st. First time fee \$50.00, annual renewal \$10.00. **If anything on this application changes (address, status of business, etc.), you must notify this office as soon as possible or you will be subject to a citation.**