

CITY OF LANESBORO , MINNESOTA

HOME OCCUPATION APPLICATION

PLEASE READ BEFORE COMPLETING THIS FORM. ONLY COMPLETE APPLICATIONS WILL BE ACCEPTED.

The applicant is responsible for all information necessary to describe the Home Occupation and may be required to submit additional information if needed.

1. Property Owner Information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address/City/Zip

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

Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

2. Applicant Information (if different then information given in question number 1).

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City/State/Zip

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

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

3. Home Occupation Information.

Name: \_\_\_\_\_

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

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

4. Please describe the type of home occupation that you intend To have.

5. When did plan to start operating your home occupation?
  
6. Where do you operate your home occupation (house, accessory building, etc.)?
  
7. How much space (square footage) does your home occupation occupy?
  
8. What special equipment does your home occupation require?
  
9. Do you have any outside storage for your home occupation? If so, please list the materials! equipment that is stored outside.
  
10. Name or title of the home occupation you intend to use.
  
11. 7. What special mechanical equipment will be used on site as part of this business?
  
12. What type of solvents, paints, corrosives or other hazardous chemicals will be used in conjunction with this business?
  
13. Will any outdoor areas or covered parking areas be used for this business? Yes  No   
Describe the outdoor areas or covered parking areas to be used: \_\_\_\_\_
  
14. How many members of your family or household will assist you in this business? \_\_\_\_\_ Describe their

services or responsibilities?

15. Will a non-family member participate in this business? If so, describe his/her services, responsibilities and hours:
16. How many people will visit this site each week to deliver or collect items associated with this business?
17. Will the sale of goods or services occur at this address? Yes  
If yes, please describe:
- 

14. How many vehicles will be used by this business? \_\_\_\_\_

How many of these vehicles will be kept at this address?

What types of vehicles will be used? \_\_\_\_\_  
No. of cars \_\_\_\_\_ No. of pickup trucks \_\_\_\_\_ Anything  
larger, please describe \_\_\_\_\_

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15. Where will each of these vehicles be parked during the day?
16. Where will each of these vehicles be parked during the night?
17. Where on-site will your employee's vehicle be parked?
18. Will any signs be displayed to identify the location of this business? If so, describe the sign and placement you intend.
19. I understand that a copy of the City Lanesboro Zoning Ordinance Code is on file with in the Lanesboro City Library and is available for my review during normal business hours.

I hereby certify under penalty of perjury that the information given herein is true and correct to the best of my knowledge.

Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Evaluation of the Planning Department:

Approved for "home occupation" business license    Yes  No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HOME OCCUPATION PERMIT**

Based upon the representations made on the Home Occupation Permit Application shown on the reverse side hereof, the undersigned Lanesboro City Clerk/Administrator issues this home occupation permit as follow:

License Holder name: \_\_\_\_\_

Location of Home Occupation: \_\_\_\_\_

Occupation Description: \_\_\_\_\_

Conditions or Restriction, such as parking, signage, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Bobbie Torgerson, City  
Clerk/Administrator

Permit fee paid: \_\_\_\_\_,

Date of payment: \_\_\_\_\_

I have received a copy of this permit and the completed application form on the reverse side hereof.

\_\_\_\_\_  
Signature above/Print name here: \_\_\_\_\_

Date: \_\_\_\_\_