



## HOME-BASED BUSINESS WORKSHEET

*Please fill out this worksheet COMPLETELY on both sides, whether applying for the first time or submitting an annual renewal, and return it with your business license application.*

### NOTES TO APPLICANTS:

In order to renew your home-based business license, this worksheet must be completed annually.

Completion of this worksheet (along with the application for a business license) does not imply approval of the home-based business. The business cannot begin until a City Business License has been issued.

A business license does not authorize the holder to conduct business in violation of any zoning ordinance or other state, federal, or local law. For verification of property zoning, please contact the Planning Division at 698 Warner Parrott Rd, Monday through Friday between the hours of 8:30 AM and 3:30 PM or call (503) 722-3789.

A *home occupation*, as defined by OCMC 17.04.580, is a business carried on by the resident of a dwelling as a **secondary** use, with the activity conducted so that there is no audible, visual or other appearance of a business. No on-site retail sales are permitted. The primary use must continue to be a residence. **Partners or employees are not allowed onsite for businesses purposes.** This means that the business must be conducted by the resident(s) and family members who **live** at the dwelling.

*Your signature below indicates that you have read and understand this worksheet, and that you agree to observe and comply with the restrictions for a home occupation as defined in the Oregon City Municipal Code (see below).*

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

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

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

Address: \_\_\_\_\_

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

Please describe your home-based business in detail. What activity is conducted at your home (phone calls, bookkeeping, storage, etc.)?

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Do you own the home where this business operates? Yes  No

If "no," complete the **Owner's Affidavit** form.

Does your home-based business involve the care of **adults**? Yes  No

If "yes," Do you meet the definition of a **Residential home** per **OCMC 17.04.1030**? Yes  No

If "yes," complete the **Home-Based Adult Care Questionnaire** form.

Does your home-based business involve the care of **children**? Yes  No

If "yes," Do you meet the definition of a **Family day care provider** per **OCMC 17.04.420**? Yes  No

If "yes," complete the **Home-Based Child Care Questionnaire** form.

Does your home-based business involve automobile sales? Yes  No

If "yes," complete the **Automobile Sales Supplemental Questionnaire** form.

How long has your business been located at your home? \_\_\_\_\_

Do you have regular business hours from your home for customers / clients? Yes  No

If "Yes", please indicate hours: \_\_\_\_\_

What is the approximate square footage of your home? A. \_\_\_\_\_sf

What is the approximate square footage used for the business? B. \_\_\_\_\_sf

What percent of the home is used for the business?  $(B \div A) =$  \_\_\_\_\_%

Is any part of your home business conducted outside? *(Note: The home occupation license does not allow outdoor storage.)* Yes  No

If "Yes", please list activities performed outside: \_\_\_\_\_

How many employees work in the business? *(Count yourself as one employee)* \_\_\_\_\_

Do any employees live outside the home and travel to the home for employment purposes? Yes  No

If "Yes", please explain: \_\_\_\_\_

*THANK YOU FOR YOUR ASSISTANCE AND COOPERATION*