

**DEPARTMENT OF RESOURCE MANAGEMENT
BOONE COUNTY, MISSOURI
ESTABLISHMENT OF HOME OCCUPATION**

*** Home Occupation:** Any occupation or profession carried on by a member of the immediate family, residing on the premises, in connection with which there is used no sign other than a name-plate, not more than three square feet in area, or no display that will indicate from the exterior that the building is being utilized in whole or part for any purpose other than that of a dwelling; there is no commodity sold upon the premises except that prepared on the premises; no person is employed other than a member of the immediate family residing on the premises; and no mechanical equipment is used except such as is customary for purely domestic household purposes.

I, _____ (PRINTED NAME), have read the above statement, and believe that my actions conform to the definition and stipulations of a home occupation. I also agree, upon receipt of a Certificate of Home Occupation from the Boone County Planning Department, that I will notify the Boone County Collector of Revenue and the Boone County Assessor of my intentions to operate a business from the below described residence. I understand that this home occupation, as herein described, may be canceled at any time by notifying the Boone County Planning Department. I further understand that the home occupation, as herein described, may not be changed, enlarged, altered nor reconstructed prior to notification and approval of the Boone County Planning and Building Inspection Department.

SIGNATURE OF APPLICANT

DATE

ADDRESS OF APPLICANT (STREET ADDRESS, CITY, ZIP CODE)

DAYTIME PHONE

Please fill in the following where applicable.

Section _____ Township _____ Range _____ Survey #: _____

Subdivision: _____ Lot: _____ Block: _____

Square footage/acreage: _____ Zoning: _____

Mailing/Street address: _____

Phone # _____

Property Owner (if other than business operator): _____

Individual(s) involved with home occupation: _____

Present use/existing structures: _____

Please describe intended home occupation; include area and square footage of residence to be utilized in operation and any hours of operation between the hours of 6:00 P.M. and 6:00 A.M. (use reverse side if necessary)

Business Name: _____

Please list any mechanical equipment involved with the home occupation. _____

Please describe any sign to be used to advertise the home occupation (Note sign limits listed above):

Please Complete and Return To:
Boone County Resource Management
801 E. Walnut, Room 315
Columbia, MO 65201

Approved by: _____