



A HERITAGE OF GOOD LIVING

City of Lathrup Village
27400 Southfield Road
Lathrup Village, MI 48076
248.557.2600
www.lathrupvillage.org

APPLICATION FOR HOME-BASED BUSINESS LICENSE/REGISTRATION

Business Name: _____

Address: _____

Business Telephone #: (____) _____ Fax#: (____) _____

Email Address: _____ Website: _____

New Business/License Renewal \$10.00
Application Fee is Non-Refundable

Renewal with Penalty \$30.00
Licenses Expire March 31st of each year

**Please fill out the following information. Every line must be completed.
Incomplete application will be denied.**

Business Owner Information

Name: _____ Telephone #: (____) _____

Home Address: _____

Business Owners Drivers License#: _____ Last 4 digits of Social Security#: _____

What Business have you been engaged in for past 12 months:

Name: _____ Address: _____

Business Information

Description (Include all goods or services to be purchased or sold. If needed, please attach additional sheet):

Hours/Days of Operation: _____ Number of Onsite Employees: _____

Form of Entity (proprietorship, partnership, corporation, other): _____

Percentage of Home Dedicated toward Business: _____

Office Use Only

Approved Denied Special Use/ZBA# _____

Building Official _____ Date: _____

City Administrator _____ Date: _____

Notes: _____

I do hereby acknowledge that I have been informed that a Home-Based Business is subject to the following Provisions based on City Codes and Zoning Ordinance 4.11:

<input type="checkbox"/>	No one other than the resident(s) of the dwelling shall be employed in the on-site conduct of the home-based business.
<input type="checkbox"/>	The home-based business shall not require external alterations or construction features on the dwelling, or external equipment or machinery not customary in residential areas. No interior alterations shall be made which are not customarily and reasonably consistent with single family homes in residential areas.
<input type="checkbox"/>	There shall be no exterior indication by sign or otherwise of the home-based business. All business activity shall be totally within the principal dwelling.
<input type="checkbox"/>	There shall be no noise, vibration, odor or other nuisance as a result of the home-based business detectible beyond the confines of the dwelling unit, including the transmission through vertical or horizontal party walls.
<input type="checkbox"/>	The home-based business shall not generate traffic in a greater volume or consisting of larger vehicle types than would normally be expected in a residential neighborhood. Further, there shall be no deliveries to the premises other than by United States mail, similar parcel delivery service, or by private vehicle with a gross vehicle weight not to exceed 12,000 pounds.
<input type="checkbox"/>	Any parking generated by the conduct of the home-based business shall be met off the street, in the existing driveway and shall not be met in a landscaped area.
<input type="checkbox"/>	The home-based business shall not include the direct sales of products off display shelves or racks.
<input type="checkbox"/>	The home-based business shall be subject to periodic inspection by city officials upon reasonable notification provided to the owner.
<input type="checkbox"/>	No accessory building or area outside of the principal dwelling shall be used for such purposes
<input type="checkbox"/>	The home-based business shall not operate earlier than 7:00 a.m. nor later than 9:00 p.m.
<input type="checkbox"/>	No more than 25% of the gross area of the dwelling shall be used for such home based business.
<input type="checkbox"/>	There shall be no use of utilities or community facilities beyond that typical to the use of property for residential purposes.
<input type="checkbox"/>	The home-based business shall not involve the sale, storage or use of any firearms or any ignitable, toxic or explosive material.
<input type="checkbox"/>	The home-based business shall not involve the sale, keeping, boarding or care of animals, birds, reptiles or fish.

Applicant Information

Applicants Signature: _____	
Home Address: _____ (Street, City, State, Zip)	Home Phone: _____