



City of Moses Lake

401 S Balsam St.
P.O. BOX 1579
Moses Lake, WA. 98837
(509)764-3717
bsypert@cityofml.com

IS YOUR BUSINESS ADDRESS FOR MAILING
PURPOSES ONLY? Yes No

If YES, Complete Section A and Sign & Date

Home Occupation Form

Business Information: Section A

UBI# _____ Phone #: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Business Type: (Uses not allowed as home occupations are: Appliance repair, Cabinet shops, Electronic Equipment Repair, Fumigation Services, Retail Services, Small Engine Repair, Taxi Businesses with more than one vehicle, Upholstery Shops & Vehicle Repair – Municipal Code 18.55. Qualifying businesses include, but are not limited to the following. Check all that applies.)

- | | |
|---|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Licensed Massage Therapist |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Beautician / Barber | <input type="checkbox"/> Professional Service Provider |
| <input type="checkbox"/> Bed & Breakfast Facility | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Custom Florist | |
| <input type="checkbox"/> Dressmaker | |

Business Information: Section B

Do you store or park any business materials, equipment or vehicles outside your residence?	Yes	No
Do you post any signs indicating that business is being conducted on the site? If yes, please describe the size & location:	Yes	No
Do you have any employees other than the occupants of the residence coming to the home? If yes, How many?	Yes	No
Do you store any business-related items on site? If so, where?	Yes	No
Do you have any customers or students on the premise at any time?	Yes	No
Has / will there be any change in the outside appearance of the building / premises? This includes any window displays or sample commodities.	Yes	No
Will this location be used for Shipping & Receiving? If yes, for what type of products?	Yes	No
Is any equipment or process used that creates noise, vibration, glare, fumes, odors or electrical interference or causes fluctuations in line voltage off the premises?	Yes	No

I agree to operate my business within the limitations described on this form as well as the attached municipal code. If circumstances change at any time and the business no longer operates in this manner, I will pursue the approval of the City of Moses Lake.

Business Owner (printed name): _____

Business Owner Signature: _____ Date: _____