		or Home-Based Business Pern I Arsenal, Rock Island, IL 61299			
DATA REQUIRED by the PRIVACY ACT of Purpose(s): The requested information we this request.				nine whether or no	ot to grant
	Home-Base	ed Business Owner (Page 1/2)			
Name (Last, First, MI)		Name of Business		Telephone Number	
Address of Proposed Business:	Email Address:		Previously Approved?		
Installation if Previously Approved:		YES	NO		
Business Category:	Spouse Owned a	and Operated?	Application Subr	nission Date:	
The following rules are written to ensure that of an Army installation. The business owner a The HBB owner must obtain the requisite The HBB owner is responsible for any da HBB owners providing child care must re (FCC) provider system. The HBB owner is required to comply wit department for compliance with applicable law HBB's involved in food preparation may must provide documentation that states the H The residential character of the property area. Parts or materials related to the HBB sh rear yards of the property. Signage is limited Customers may only patronize a HBB be Noise, vibrations, or odors shall not be d The HBB owner residing in privatized on-p submitting a request to the Senior or Garrisor	acknowledges tha e permissions, lic amages to third p egister with the ins th and is subject t ws, codes, regular need to be appro- IBB meets all app shall be maintain nall be screened f to what can be di etween the hours letectable beyond post housing must	at the following conditions must be enses (if applicable), and liability arties arising from the conduct of stallation Child, Youth and Schoo to inspection by the appropriate c tions and requirements. wed by Army Public Health and/or blicable food safety and sanitation red. The HBB may not occupy me rom public view and will be limited splayed in a single window from the of 0600 and 2000. the property line.	e met: insurance prior to c their business. I Services office as ity, county, state or the Local Health D conditions. ore than 25 percent d to the interior of th the inside and may	ppening/operating. part of the Family ( federal agency, offi pepartment. The ap of the home's gros he structure or the s not be illuminated.	Child Care ce or plicant s floor ide and
Home-Based Business Owner: I certify tha guidance contained within the installation's H	t the above stater	ments are true and that I have rea	ad and will abide by	the rules above an	y additional
Signature:		Date:			

Home-Based Business Owner (Page 2/2)										
<u>Name (Last, First, MI)</u>			Name of Business							
Installation Coordination										
Directorate / Office	Building	Telephone #	Recommendation		Name of Approving Official	Signature	Date			
Directorate, Family, Morale, Welfare and Recreation	ACS, 110	(309)782- 0829/0815	Application Pick-up							
Garrison Housing Office	102	(309)782-2376	Approval	Disapproval						
Installation Safety	90	(309)782-1380	Approval	Disapproval						
Directorate, Family, Morale, Welfare and Recreation	ACS, 110	(309)782- 0829/0815	Application Turn-in							
Judge Advocate General (Legal Review)	90	(309)782-0665	No Legal Objection	Legally Insufficient						
		Instal	lation Approval A	uthority						
I have reviewed the above appi	cation for HI	3B permit and I ha	ve decided to a	pprove / disap	oprove same.					
Expiration Date:				Approving Offi USAG-RIA Ga	cial: rrison Commander					