



**CITY OF HENDERSON, KENTUCKY  
RESIDENTIAL BUSINESS VERIFICATION FORM**

New Business Owner(s): \_\_\_\_\_  
Last First MI

Business Address: \_\_\_\_\_  
Last First MI  
Street

Telephone: \_\_\_\_\_  
Business Home

Description of proposed business: \_\_\_\_\_

- |  |     |    |
|--|-----|----|
| Will the business occupy more than 25% of the structure?   | Yes | No |
| Will this business involve retail sales?   | Yes | No |
| Will the business have any visible evidence of the home occupation?  | Yes | No |
| Will the business generate any atmospheric pollution, light flashes, glare, odors, noise, vibration, or truck traffic? | Yes | No |

If any of the above are answered "Yes", stop now and reject application.

The business is allowed one unlighted sign mounted flat against the wall and must not exceed 4 sq. ft. in area.

- |   |     |    |
|---|-----|----|
| Will the business have a sign?                    | Yes | No |
| Number of employees (other than owner)            | 0   | Or |
| Will the business be operated in detached garage? | Yes | No |

**Allowed Home Occupations**

- |              |                          |                      |              |
|--------------|--------------------------|----------------------|--------------|
| Accountant   | Chiropractor             | Engineer             | Photographer |
| Architect    | Contractor (office only) | Interior Decorator   | Physician    |
| Attorney     | Consultant               | Manufacturer's agent | Seamstress   |
| Bookkeeper   | Counselor                | Musician             | Teacher      |
| Broker       | Dentist                  | Optometrist          |              |
| Chiropracist | Draftsman                | Osteopath            |              |
- And any other substantially similar activity

I (we) do hereby certify that the above information is true and correct to the best of my (our) knowledge.

Applicant Signature: \_\_\_\_\_ Date

<b>Office Use Only:</b>	<b>CURRENT ZONING</b> _____
The business above is permitted:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Comments:	_____ _____ _____
If <u>no</u> is checked – Notify applicant by mail and attach copy of letter to this form	

Code Administrator/Designee: \_\_\_\_\_  
Signature Date