



HOME-BASED BUSINESS STATEMENT

Date of Application: _____

Business Owner's Name: _____

Property Owner's Name: _____

Business Name: _____

DBA: _____

Business Mailing Address (No P.O. Box): _____

Type of Business (Be Specific): _____

Daytime Telephone Number: _____

Business Owner's e-mail Address: _____

If Business is a partnership, the names, and addresses of each partner must be provided on separate page to be attached to this statement.

If a corporation, the name and address of each officer, director, shareholder, and the name and address of the registered agent of the corporation on a separate page to be attached to this statement. Also please provide the following:

- a. If a corporation, a certificate of good standing issued by the Missouri Secretary of State.
b. A photo identification with name and address of the person responsible for the day-to-day operations of the business.

Total square footage of the residential dwelling, excluding garage or accessory structures. _____

Number of employees working at the above address: _____

Hours of operation: _____

If Business Owner is not the Property Owner, please provide the following:

Landlord's Name: _____

Landlord's Mailing Address (No P.O. Box): _____

Landlord's e-mail Address or Property Management Company: _____

Daytime Telephone Number: _____

Please provide a copy of the Business Owner Driver's License

EXHIBIT A

Is the business subject to health inspections: YES NO

If yes, then a copy of the Jackson County Environmental Health Department inspection should be provided with this statement.

Is the business subject to federal inspections or licensing: YES NO

If yes, then a copy of the federal agency's inspection or license should be provided with this statement.

Is the business a retail business: YES NO

If yes, per RSMO 144.010-144.510 or 143.191-143.261, a prerequisite to the issuance or renewal of any state license the business must possess a retail sales license and a No Tax Due statement from the Missouri Department of Revenue for the business. The No Tax Due statement must be provided with this statement.

Is the business subject to a state agency inspection or licensing (daycare): YES NO

Is the business a vehicular sales business: YES NO

If yes, then a copy of the state issued auto, boat/vessel, RV/ATV dealer license shall be provided with this statement.

Copy of a current Jackson County real and personal property tax receipt must be provided with this statement.

Copy of Raytown Sewer bill showing the Raytown Sewer account is current must be provided with this statement.

ACKNOWLEDGEMENT

Outdoor storage of materials or equipment used in the home occupation shall not be permitted.

Alterations to the exterior of the principal residential building shall not be made which change the character of the residence.

One sign, compliant with the zoning provisions for home-based businesses will be allowed. Signs must be properly maintained.

The owner or operator must provide adequate parking for the Home-Based Business. Parking for the Home-Based Business may include the driveway or garage of the residence, or a paved parking area located behind the front plane of the residence. Adequate parking may also include parking on the street so long as:

(a) Parking is limited to the side of the street the Home-Based Business is located on, between the lot lines of the residence, if parking at that location is otherwise lawful.

(b) If the owner, operator, family members of the owner or operator, employees, clients, or customers routinely park in other locations on the street(s) adjoining the residence, the business shall not be considered a Home-Based Business. For the purposes of this section, the term 'routinely' shall mean more than twice in a given seven-day period.

The total number of persons in the home, including residents, customers, clients, employees, and all others may not exceed the maximum occupancy rating of the residence at any time.

My signature below signifies that I have read and understand the standards above and agree to abide by them. I also understand that violating of any of the standards listed will place me in violation of the City of Raytown Zoning Ordinance.

APPLICANT _____ DATE _____

DRIVERS LICENSE NUMBER: _____

LANDLORD _____ DATE _____

NO-IMPACT HOME-BASED BUSINESS CERTIFICATION

OFFICE USE ONLY

ZONING

APPROVED

DENIED

BY _____ DATE _____

*NOTE: Zoning Denied by City staff may be appealed to the Board of Zoning Adjustment. Please contact the Planning and Zoning Coordinator to get the appropriate application and schedule of fees.

NO-IMPACT HOME-BASED BUSINESS

APPROVED

DENIED

BY _____ DATE _____

REASONS FOR DENIAL OF A NO-IMPACT HOME-BASED BUSINESS

HOME-BASED WORK

BY _____ DATE _____

****NOTE: Home-Based Work Business will be required to remit an application for a Raytown Business License. A Raytown Business License application can be found at <https://www.raytown.mo.us/forms>**