



**SUPPLEMENT TO LOCAL BUSINESS TAX RECEIPT FOR A HOME OFFICE**

I, \_\_\_\_\_ understand and agree to abide by the standards of Ordinance 2005-7 in connection with the issuance of an Occupational License for the operation of a "Home Office."

I further agree that the Administrative Officer or authorized designee(s) may, upon probable cause to believe that a violation of any of the standards of the aforesaid ordinance exists, inspect the property to determine if a violation is present. Failure to allow an inspection and/or failure to correct the violation within a stated reasonable time may result in the automatic cancellation of the Occupational License.

\_\_\_\_\_  
NAME OF BUSINESS

\_\_\_\_\_  
SIGNATURE OF LICENSEE

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINT NAME OF LICENSEE

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE