

NEW EXISTING
PLEASE CHECK ONE

VILLAGE OF TWIN LAKES

RESIDENTIAL HOME BUSINESS QUESTIONNAIRE MUNICIPAL CODE: SUBSECTION 17.20.90

PLEASE PRINT

1. **NAME OF BUSINESS:** _____
OWNER: _____
PHYSICAL ADDRESS: _____

TELEPHONE NUMBER: _____
MAILING ADDRESS: _____

2. **DESCRIBE BUSINESS ACTIVITY:** _____

3. **DATE OPERATION STARTED:** _____
4. **NUMBER OF EMPLOYEES; Family:** _____
Non-Family: _____
5. **IN WHAT AREA OF THE HOME IS THE BUSINESS LOCATED:** _____
6. **SQUARE FOOTAGE: HOME:** _____
BUSINESS: _____
7. **IS ANY PORTION OF THE BUSINESS LOCATED OUTSIDE:** _____
IF SO, WHERE: _____
8. **ANY OUTSIDE STORAGE OR DISPLAY:** _____
9. **ANY ADVERTISING SIGNS** _____ **LOCATION:** _____
10. **TYPE OF SUPPLIES OR EQUIPMENT RELATED TO THE BUSINESS:** _____

11. **COMMERCIAL VEHICLES INVOLVED WITH THE BUSINESS:** _____ **HOW MANY:** _____

