



**City of Battlefield**  
5434 S. Tower Drive  
Battlefield, Missouri 65619  
(417) 883-5840 phone  
(417) 883-8189 fax  
[www.battlefieldmo.org](http://www.battlefieldmo.org)

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*Application must be accompanied by all required insurance documents and \$16.00 license fee and will not be processed if not completed in its entirety.*

Contact Name: \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact phone/fax: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address (if applicable): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Alternate phone/fax: \_\_\_\_\_

Business URL?: \_\_\_\_\_

Type of business to be conducted at above address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I agree to follow the City of Battlefield Ordinances, Zoning Regulations, and Building Codes and to display the license in a conspicuous place within my business or have available for viewing upon request.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\* Below is for home businesses only\*\***

What zoning district is your property located in? \_\_\_\_\_

What is the square footage of the residence (Exclude garage area)?

First Floor \_\_\_\_\_ Second Floor \_\_\_\_\_ Total \_\_\_\_\_

If accessory building/s are used what is the total square footage of the structure? \_\_\_\_\_

What is the square footage dedicated for use by the home occupation? \_\_\_\_\_

Will the home occupation be housed in a new or existing building? \_\_\_\_\_

Number of persons employed for the home occupation? \_\_\_\_\_

How many business trips per day do you expect? \_\_\_\_\_

How many customers will come to your business: Per hour \_\_\_\_\_ Per day \_\_\_\_\_

What storage will be necessary? \_\_\_\_\_

What additional water/sewer supply will you home occupation require? \_\_\_\_\_ Gallons

**I have read and understand the ordinances pertaining to home occupations and I understand that my home occupation can only be 50% of the size of one floor of my residence.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Below is for office use only\*\***

Department Comments: \_\_\_\_\_

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

Date \_\_\_\_\_