



City of Battlefield
5434 S. Tower Drive
Battlefield, Missouri 65619
(417) 883-5840 phone
(417) 883-8189 fax
www.battlefieldmo.gov

Application must be accompanied by all required insurance documents and \$16.00 license fee (if received after July the cost is \$8.00) and will not be processed if not completed in its entirety.

Contact Name: _____

Contact Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Contact phone/fax: _____

Contact E-mail: _____

Business Name: _____

Business Address (if applicable): _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Alternate phone/fax: _____

Business Website: _____

Type of business:

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 _____

**** Back of application is for home based business only****

This section is for home based business only

What zoning district is your property located in? _____

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

Ground Floor _____

Second Floor _____

Basement _____

Garage _____

Total Sq Foot _____

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. I understand that no more than twenty-five percent (25%) of the gross floor area of the primary residential dwelling may be used for a home occupation. Ordinance 400.430 (d) (4)

Signature _____

Date _____

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

Department Comments: _____

Approved _____

Disapproved _____

Reason for disapproval: _____

Date _____