



City of Berkeley, MO - Home Occupation Application Form

Mail to: City of Berkeley c/o Public Works Dept., 8425 Airport Rd, Berkeley, MO 63134

Email: irvin@ci.berkeley.mo.us

Phone: (314) 524-3313 Fax: (314) 264-2074

314-702-3074

FEE: \$100.00 (Section 605.090)

All Home Occupation Licenses are APPROVED by the City Council. The annual fee is \$100.00

Business Name: B: A Sanitorial Service County Locator No.: _____

Address of Home Occupation: 8341 Pepperidge Property Owner Name: TOP Property, LLC

Failure to complete all fields will delay issuance of your Home Occupation License

If you mark **Yes** to any of the first two questions, you will need to contact the Fire/Police Department for signatures below. Please print this document and once you have the appropriate signatures, please fax/email to Public Works Department, Attn: Building Commissioner.

1. Do you intend to use or store any flammable or combustible fluids or hazardous materials? Yes _____ No <input checked="" type="checkbox"/>
Fire Dept. Representative Name: _____ Signature: _____ Date: _____
2. Will your business involve the sale of firearms, etc.? Yes _____ No <input checked="" type="checkbox"/>
Police Dept. Representative Name: _____ Signature: _____ Date: _____

3. Do you own the home where the Home Occupation will be conducted: Yes _____ No

If No, please check one of the following:

YES, the owner has authorized the use of this property for this business.

NO, the owner has not authorized the use of this property for this business.

4. Is there any other Home Occupation at this Property? Yes No

If yes, describe the business: _____

5. How many people living in this home will be involved in this Home Occupation? 2

6. Will your business involve students, clients, patients, or visitors coming to your home? Yes _____ No

If yes, complete the following: (Only applies to No. 6 on the other side of this form, allowable uses)

How many clients will attend at any one time? (Maximum two at a time allowed) _____

What is the maximum number of clients at the home in any one day? (Maximum 2 per day allowed) _____

What days and times will clients generally visit the home? (Allowable hours: M-F 7 a.m.-10 p.m., Sa & Su 8 a.m.-6 p.m.) _____

7. Will there be products sold on the internet? Yes _____ No

If Yes, please describe the product: _____

8. Will there be food products prepared or packaged for sale? Yes _____ No

If Yes, please provide your St Louis County Health Certification Number: _____

9. Will you be using more than 25% of the residence floor space for office/storage for this business (and any other business run out of this home)? (Note: No more than 25% total is allowed). Yes _____ No

10. List any other County, State or Federal regulations with which the proposed business is required to comply, and show how the business is complying with these regulations (i.e. Bureau of Firearms, State of Missouri, etc.)

State of Missouri Certificate

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge, and further agree to uphold the regulations for Home Occupations relating to the operation of business.

Signs advertising the Home Occupation shall be no larger than a name plate.

Applicant's Name: Andrea Johnson Signature: Andrea Johnson Date: 7/10/2017

Partner's Name (If Applicable): _____ Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Items for City Council Review:

- | | |
|--|---------------------------------|
| 1. Completed Application w/business information | Staff Received (initials) _____ |
| 2. Staff Report | Staff Prepared (initials) _____ |
| 3. Current Occupancy Certificate | Staff Attached (initials) _____ |
| 4. Landlord Written Permission for Home Occupation | Staff Received (initials) _____ |

City Council Review - Meeting Date: _____, if approved, fee to be paid and license issued by Public Works.

Top Property Management LLC

613 Westridge Drive
O'Fallon, Missouri 63366
636-294-7800

July 10, 2017

To Whom It May Concern:

I give written consent for Mr. Reginald & Mrs. Andrea Johnson permission to conduct a home office business for R & J Janitorial Service at 8361 Pepperidge Berkeley, Missouri, 63134.

Sincerely,

Joyce Edwards

Top Property office Manager

Joyce Edwards 7/10/17

Andrea Johnson 07/10/2017

Stephanie L Dunn 7/10/17

