

APPLICATION FOR HOME OCCUPATION
City of Maquoketa
Code of Ordinance 5-1D-8

Date: _____

Name: _____

Address: _____

Telephone: _____

Type of Business: _____

Name of Business: _____

Owner of Business: _____

Address of Business: _____

Off-Street Parking Spaces: _____

Will a sign or display be used: _____ Sign size _____

Sign Location _____

I HEREBY CERTIFY that the above information is true and correct and that the above business will follow all requirements of the ordinances of the City Of Maquoketa, Iowa.

Signature

* * * * *

Date of Public Hearing Notice: _____

Date of Public Hearing: _____

I hereby certify that the above application for Home Occupation was
() approved () denied on the _____ day of _____, 20____.

CITY MANAGER