

CITY OF KEYSTONE HEIGHTS
HOME BUSINESS TAX APPLICATION
(Please Print or Type)

NUMBER: _____

FILING DATE: _____

Name of Business: _____

Owner Name: _____

Business Address: _____

Mailing Address (if different): _____

Business Phone: _____ Home Phone: _____

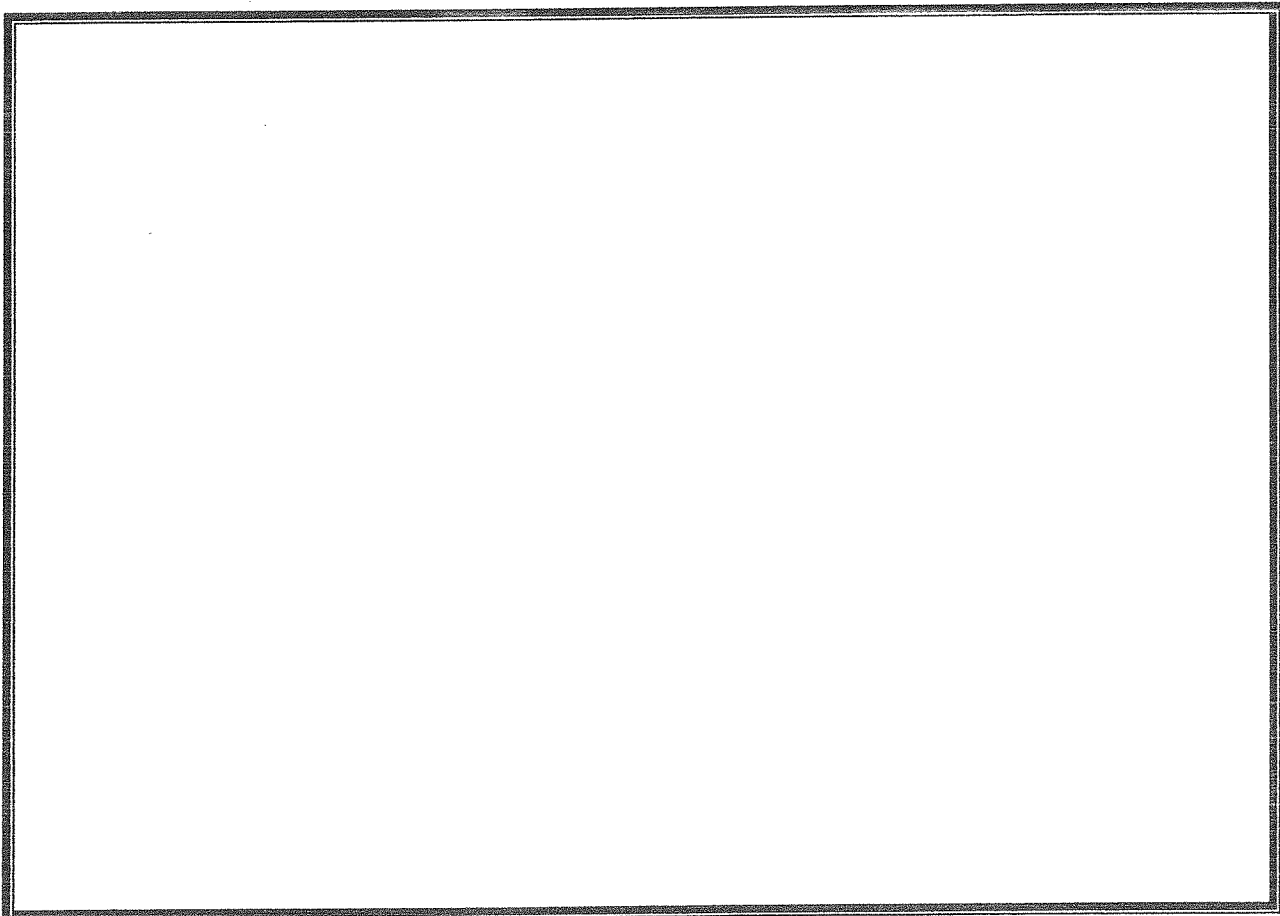
Type of Business to be conducted in the home: _____

Will this business increase traffic in the neighborhood? _____

In the space below, provide a floor plan of the entire house showing the space to be used in the business.

TOTAL SQUARE FOOTAGE OF HOME: _____

TOTAL SQUARE FOOTAGE OF OFFICE: _____ (Cannot exceed 20% of total home square footage)



BUSINESS TAX (\$25): _____

ZONING HEARING FEE (\$25): _____

HEARING DATE: _____

** Applicant must be present at public hearing **

APPROVED: _____

DISAPPROVED: _____

SIGNED: _____

DATE: _____