



## PLANNING AND CODE ADMINISTRATION

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# HOME BASED BUSINESS LICENSE APPLICATION

*All information must be complete to initiate processing of application*

### SUBJECT PROPERTY

Name of Business \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

### PROPERTY OWNER

Name \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

### PRIMARY CONTACT

Name \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

### TYPE OF BUSINESS IMPACT *(check only one)*

None      - All Employees Live at Residence  
                  - No More Than (5) Deliveries or Visits per Week  
                  - No Discernible Adverse Impact upon Adjacent Properties or Neighborhood

Minor Impact      - No More Than (1) Non-Resident Employee  
                              - No More Than (7) Deliveries or (20) Visits per Week  
                              - No Discernible Adverse Impact upon Adjacent Properties or Neighborhood

Material Impact      - More Than (1) Non-Resident Employee  
                              - More Than (7) Deliveries or (20) Visits per Week  
                              - Discernible Adverse Impact upon Adjacent Properties or Neighborhood

Describe any Discernible Adverse Impact \_\_\_\_\_

### BUSINESS DETAILS

Number of Employees that Live On-Site \_\_\_\_\_

Number of Employees that Live Off-Site \_\_\_\_\_

Number of Customers per Week *(estimate)* \_\_\_\_\_

Number of Deliveries per Week *(estimate)* \_\_\_\_\_

Number of Off Street Parking Spaces Available to Customers \_\_\_\_\_

Type of Business Related Vehicles Parked on the Premises \_\_\_\_\_

Type (s) of Materials or Supplies Stored on the Premises \_\_\_\_\_

Will a Business Sign be on the Site?  Yes  No