



HOME OCCUPATION SUPPLEMENTAL APPLICATION
CITY OF BULLHEAD CITY

Business License Office
PO Box 23189
Bullhead City, AZ 86439-3189
(928) 763-0110 - Fax (928) 763-0131 bhcbusinesslicense@bullheadcityaz.gov
Location: 2355 Trane Rd, Bullhead City, AZ 86442

Permit Number: Date Received:
Business Name:
Property Address:
Assessor Parcel Number:
Applicant/Contact: Phone:
Mailing Address: Email Address:
City: State: Zip Code:
Property Owner: Phone:
Mailing Address: Email Address:
City: State: Zip Code:

Provide a brief description of the home occupation proposed:

I hereby declare that, in the conduct of my home occupation at the above address, I will comply with the requirements pertaining to such occupations as set forth in Sections 17.04.400 and 17.06.290 of the Bullhead City Municipal Code. A home occupation shall be deemed an accessory use to a residential use and shall be subject to the standards set forth below.

- Please circle Y (yes) or N (no).
Y / N Will your home occupation be conducted within the dwelling unit or accessory building and be clearly incidental to the use of the structure as a dwelling?
Y / N Will there be any outdoor storage of equipment or supplies associated with your home occupation outside the dwelling?
Y / N Will there be more than one commercial vehicle of a capacity of two tons or less, commercial excavating equipment, or a commercial vehicle of more than two tons parked on any lot associated with your home occupation?
Y / N Will there be any display of products visible in any manner from the outside of the dwelling?
Y / N Will there be any change in the outside appearance of your dwelling or premises or any visible evidence of the conduct of a home occupation?
Y / N Will there be any advertising displays?
Y / N Will there be a commercial telephone directory listing, newspaper, radio, or television services used to advertise the location of your home occupation?
Y / N Will you have any one outside of your family employed in the conduct of your home occupation?
Y / N Will your home occupation require additional off street parking spaces for clients or customers?
Y / N Will any equipment or process be used in your home occupation that creates noise, vibration, glare, fumes, or odor detectable to the senses off the property?
Y / N Will any equipment or process be used in your home occupation that creates visual or audible electrical interference in any radio or television receiver off the premises?
Y / N Will there be any deliveries to your home that are not customary to a residence?
Y / N Will the activity of your home occupation be limited to the hours between 7:00 am and 10:00 pm?
Y / N Will your home occupation comply with other regulatory agency requirements?

Please note that home occupations that sell commodities both on and off premises are required to obtain a sales tax license.

Per A.R.S. § 9-495. Employees providing assistance; identification; communication:
A. In any written communication between a city or town and a person, the city or town shall provide the name, telephone number and email address of the employee who is authorized and able to provide information about the communication if the communication does any of the following:
1. Demands payment of a tax, fee, penalty, fine or assessment.
2. Denies an application for a permit or license that is issued by the city or town.
3. Requests corrections, revisions or additional information or materials needed for approval of any application for a permit, license or other authorization that is issued by the city or town.
B. An employee who is authorized and able to provide information about any communication that is described in subsection A of this section shall reply within five business days after the city or town receives that communication.

By signing here I declare that I have read, understand, and agree to abide by the requirements set forth in Sections 17.04.400 and 17.06.290 of the Bullhead City Municipal Code as stated above.

Applicant Name (Please Print):
Applicant Signature: Date:
(Office Use Only) Approved Denied
Planner's Signature: Date: