



**Town of Middletown**  
**7875 Church Street**  
**Middletown, Virginia 22645**  
**(540) 869-2226 ♦ Fax (540) 869-4306**

*Gateway to Cedar Creek and Belle Grove National Historical Park*

**Zoning Review for a Business License – Home Based Business / Home Occupation**

*Please provide the following information about your business. It is important that all of the requested information is provided to ensure accurate review by the Planning Department staff. If you have any questions about this form, please contact the Planning Department at (540) 869-2226 ext. 4. Approval of this form is required prior to issuance of a business license.*

Applicant Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Business/Trade Name and Description: \_\_\_\_\_  
 Street Address of Business (physical location of business) \_\_\_\_\_  
 Business vehicle parked on the property: Yes or No \_\_\_\_\_ If Yes, type: \_\_\_\_\_

Businesses operated in a residential dwelling (Home Occupation) are subject to specific restrictions and limitations. Please read and initial the following restrictions placed on this use to certify that you are aware of the restrictions and limitations on businesses operating in a residential dwelling as a home occupation:

- \_\_\_\_\_ I hereby certify that the above address is my legal residence.
- \_\_\_\_\_ **NO** employees shall be permitted to work on the premises, **except for family members residing in the dwelling.**
- \_\_\_\_\_ **NO** customers or clients are permitted on the site.
- \_\_\_\_\_ **NO** signs advertising the business and **NO** outdoor storage of equipment or materials.
- \_\_\_\_\_ **NO** exterior indication of the home occupation or variation from the residential character of the property.
- \_\_\_\_\_ If you an approved Special Use Permit please check here and provide the number: \_\_\_\_\_

I have read, understand and will abide by the above conditions and restrictions above. By signing and submitting this form, the applicant declares, under penalty of perjury, that the provided information is true, complete, and correct to the best of his/her knowledge and belief, and that he/she is the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

TITLE/CAPACITY FOR SIGNING: \_\_\_\_\_ DATE: \_\_\_\_\_

Please do not write below this line – For Planning Department review only

Property Identification # (PIN): \_\_\_\_\_ Zoning District: \_\_\_\_\_  
 Record Number: \_\_\_\_\_

Based upon the information provided by the applicant, is the proposed home occupation permitted in the above referenced location: YES \_\_\_\_\_ NO \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Zoning Review Fee \$75.00: paid by \_\_\_\_\_