Home-Based Business Permit DFMWR Headquarters, Fort Bliss, Texas 79916

DATA REQUIRED by the PRIVACY ACT of 1974. Authority: Title 5 USC 552a; Title 10, USC 3013. Purpose(s): The requested information will be used by the Senior Commander or their designee to determine whether or not to grant this request. This checklist is designed as a template to be modified for use at each Army installation.

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Home-Based Business Owner Name of Business Telephone Number							
Name (Last, First, MI)		Name of Business		Telephone Number			
Address of Proposed Business:			Email Address:		Previously Approved?		
Installation if Previously Appro				YES	NO		
Briefly describe the proposed bu	siness activ	ity:					
The following rules are written to an Army installation. The busine The HBB owner must obtain HBB owner is responsil HBB owners providing child (FCC) provider system. The HBB owner is required department for compliance with a HBB's involved in food prep provide documentation that state The residential character of Parts or materials related to the lyards of the property. Signage is Customers may only patron Noise, vibrations, or odors see The HBB owner residing in p submitting a request to the Senic Home-Based Business Owner guidance contained within the insertice.	ess owner act the requisition of the requirements of the requisition of the requirements of th	cknowledges that the permissions, lict damages to third paregister with the institute aws, codes, regular need to be appromeets all applicably shall be maintain the screened from payhat can be displayed the hours detectable beyond post housing must no Commander.	the following condi- enses (if applicable arties arising from stallation Child, You inspection by the tions and requirent ved by Army Publice food safety and led. The HBB may ublic view and will yed in a single win of 0600 and 2000 the property line.	tions must be met: e), and liability insurance the conduct of their buse buth and School Service e appropriate city, count nents. c Health and/or the Loce sanitation conditions. y not occupy more than be limited to the interior dow from the inside and	te prior to opening siness. It is office as part of the structure of the s	ng/operating. of the Family al agency, of ment. The a e home's gro or the side a minated.	Child Care fice or applicant must ass floor area. and rear
Signature:			Da	e:			
		Ins	stallation Coordi	nation			
Directorate / Office	Building	Telephone #	Recommendation		Initial	D	ate
Directorate, Family, Morale, Welfare and Recreation	11	(915) 568-3724	Application Pick-up		XXXX	XXX	XXXX
Privatized Community Manager	1991	(915) 564-0795	Approval	Disapproval			
USAG Housing Manager	T0070	(915) 568-5614	Approval	Disapproval			
Installation Safety	1480	(915) 568-2891	Approval	Disapproval			
AAFES	55	(915) 562-8851	Approval	Disapproval			
Directorate, Family, Morale, Welfare and Recreation	11	(915) 568-3724		ation Turn-in			
Judge Advocate General (Legal Review)			No Legal Objection	Legally Insufficient			
		Insta	llation Approval A	Authority			
I have reviewed the above appid	cation for HE	3B permit and I ha	ve decided to	approve / disa circle one ANTHONY LOVETT Director, Family and M			
Expiration Date: (3 years from date of signature unless ot	herwise indica	ted)		Welfare and Recreation			