



VILLAGE OF WESTERN SPRINGS
APPLICATION FOR A HOME OCCUPATION PERMIT

DATE _____

PERMIT NUMBER _____

DATE ISSUED _____

Applicant's Name _____

Applicant's Address _____

Applicant's Phone Number _____

Description of the proposed type of home occupation _____

Total interior floor area to be used _____ Number of employees _____

Vehicle to be used in connection with home occupation

Model _____ Year _____ License # _____

I have read and understand the Village of Western Springs Home Occupation Regulations. I agree to abide by these regulations.

Print Name Signature Date

Department Approval _____
Signature Date