

APPLICATION FOR HOME OCCUPATION  
City of Maquoketa  
Code of Ordinance 5-1D-8

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Off-Street Parking Spaces: \_\_\_\_\_

Will a sign or display be used: \_\_\_\_\_ Sign size \_\_\_\_\_

Sign Location \_\_\_\_\_

I HEREBY CERTIFY that the above information is true and correct and that the above business will follow all requirements of the ordinances of the City Of Maquoketa, Iowa.

\_\_\_\_\_  
Signature

\* \* \* \* \*

Date of Public Hearing Notice: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

I hereby certify that the above application for Home Occupation was  
( ) approved ( ) denied on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
CITY MANAGER