



Town of Bedford
Code Enforcement Department
Home Occupation / Business Form

Applicant Information

Applicant Name _____ Date _____
Address _____ Telephone No. _____
Address of occupation / business (if different) _____
Are you the owner or tenant? Owner Tenant
If tenant, please provide letter of acknowledgment from owner

Occupation / Business Information

Type of occupation / business _____
D.B.A. _____
Please provide a brief description of what is involved in the operation of the occupation / business. _____

Will this occupation / business be secondary to the main use? Yes No
Number of employees (including yourself)? _____
Will there be any external changes to the property (i.e. structure(s), land, etc.)?
Yes No
Will there be storage of materials, equipment, or product on the premises? Yes No
If yes, please specify type, storage location, and quantity. _____

Will there be deliveries made to the premises? Yes No
If yes, please specify type of deliveries and frequency. _____

Will there be customers / clients visiting the premises? Yes No
If yes, please specify number of customer / clients and frequency. _____
Will there be any signage advertising occupation / business? Yes No
If yes, will this sign be affixed to the house or be supported by a post / pole?
Affixed Supported
Please specify size of sign and the wording to be used.

Signature of applicant

Office Use Only

Denied Approved Date _____
Reason for denial _____

Signature of building official