

Date Received Stamp

**CITY OF RIVER FALLS**  
Department of Planning & Community Development  
222 Lewis Street  
River Falls, WI 54022  
(715) 426-3424

**\*\* OFFICE USE\*\***  
ZONE \_\_\_\_\_  
DATE PAID \_\_\_\_\_  
AMT. PAID \_\_\_\_\_  
RECEIPT NO. \_\_\_\_\_  
PERMIT NO. \_\_\_\_\_  
PIN NO. \_\_\_\_\_

**APPLICATION FOR HOME OCCUPATION PERMIT**  
**One time fee of \$35.00 (checks made payable to City of River Falls).**

**PLEASE TYPE OR PRINT CAREFULLY**

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

Applicant's Name: \_\_\_\_\_

Owner's Name (if different): \_\_\_\_\_

Property Address: \_\_\_\_\_, River Falls, WI 54022

Mailing Address (if different): \_\_\_\_\_

Square Footage of Business: \_\_\_\_\_ Gross Floor Area Square Footage of Dwelling: \_\_\_\_\_

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

Briefly Describe Business Activities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check What Applies

Employee other than member of the family residing on the premises  Sign

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I HAVE READ THE HOME OCCUPATION ORDINANCE AND DO AGREE TO COMPLY WITH THE REQUIREMENTS. (City officials may inspect the premises for conformity with the Home Occupation provisions during normal business hours 8:00am-5:pm.)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Telephone Number

\_\_\_\_\_  
Owner's Signature(if different)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Telephone Number

Denied  Approved

\_\_\_\_\_  
Signature of Planning Director or Designee

\_\_\_\_\_  
Date

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS IN REFERENCE TO YOUR HOME OCCUPATION:

1. Are you self-employed? \_\_\_\_\_
2. Do you manufacture any product on the premises? \_\_\_\_\_  
\_\_\_\_\_
3. Is this a secondary source of income? \_\_\_\_\_
4. Does your income exceed \$600 per month from this activity? \_\_\_\_\_
5. Do your customers/clients routinely come to your residence to do business? \_\_\_\_\_
6. Are you a manufacturer's representative or sales person working out of your home? \_\_\_\_\_
7. Are you over the age of 18? \_\_\_\_\_
8. Is this your primary employment? \_\_\_\_\_
9. Would you say you have a home office, but over 85% of your work is done at your customer's homes or  
outside your own location? \_\_\_\_\_  
\_\_\_\_\_
10. Do you need a Wisconsin sales permit number? \_\_\_\_\_
11. Do you file state sales tax? \_\_\_\_\_