



HOME OCCUPATION REGISTRATION

Community Development Department

VILLAGE OF LOS LUNAS
660 Main Street NW
Los Lunas, NM 87031
(505) 839-3842

1. CONTACT INFORMATION

Applicant _____ Phone _____
Applicant Home Address _____ city _____ state _____ zip _____
Email address _____
Business Name _____ Phone _____
Address of Proposed Business _____ **Los Lunas, NM 87031**

2. BUSINESS ACTIVITIES

Please explain how the dwelling unit will be used for the proposed home occupation: _____

At the proposed business address:

Will anything be manufactured or produced? yes no

Will any merchandise be sold? yes no

Will any merchandise be displayed? yes no

Will any auto repair be performed as a function of the home occupation? yes no

If you answered "yes" to any of the questions in section 2, please explain below: _____

3. EMPLOYEES

How many people, besides yourself, will be working in the dwelling unit? _____
Do they all live in the dwelling unit? yes no

4. USAGE OF DWELLING UNIT

Which room(s) in the dwelling unit will be used for the proposed home occupation? _____

Will the rooms used for the activity exceed 25% of the total floor area of the dwelling unit? yes no If yes, please explain: _____

Will any stock in trade be stored in the dwelling unit or on the premises? yes no

If yes: Will an accessory building be dedicated to storing stock that is greater than 600 sq ft? yes no

Will the activity be conducted outside in the yard, patio, or open courtyard of this dwelling unit? yes no If yes, please explain: _____

5. VEHICLE USE

Will there be any vehicle(s) used in connection with the home occupation? yes no If yes, please explain:

How many such vehicles will be parked at this location? _____

Describe what the vehicle(s) will be used for: _____

Describe the size and type of the vehicle(s): _____

Describe the anticipated pickup and delivery by commercial vehicles to the site (number per week, type of delivery, etc.):

Will there be any other type of vehicle traffic to and from the site resulting from this home occupation? yes no

If yes, please explain: _____

6. ADDITIONAL QUESTIONS

Will there be any visible storage, or noise, dust, odors, noxious fumes, or other nuisances emitted from the premises? yes no

Is the home occupation related to health care (such as physicians or other medical occupations, counseling, nursing homes, massage, therapy, etc.)? yes no If yes, please explain: _____

Is this home occupation related to adult amusement (such as a companion or escort service)? yes no If yes, please explain: _____

Will there be any other home occupation on the same premises? yes no If yes, please explain: _____

Will there be a sign placed on the premises related to the home occupation? yes no

If yes, it shall not exceed four square feet in area or be illuminated and it must be affixed to the front of the house.

7. SIGNATURE(S) OF AUTHORIZED APPLICANT(S)

I understand that my signature below indicates that all information contained on this application is true and complete, and that this home occupation is dependant upon me abiding by all regulations found in Section 17.44.170 of the Village Municipal Code.

Printed name _____ Signature _____ Date _____