



# HOME OCCUPATION REGISTRATION

Community Development Department

VILLAGE OF LOS LUNAS  
660 Main Street NW  
PO Box 1209  
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:

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### 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:

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## 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?

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

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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:*

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## 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 \_\_\_\_\_