| Application for Home-Based Business Permit Fort Irwin, CA 92310         |                     |                    |                   |                  |                   | Permit<br>Number:            |                    |  |
|---|---------------------|--------------------|-------------------|------------------|-------------------|------------------------------|--------------------|--|
|   |                     | Hom                | e-Based Bus       | siness Owner     |                   | •                            |                    |  |
| Name (Last, First, MI)  |                     |                    | Name of Business  |                  |                   | Telephone Number             |                    |  |
| Address of Proposed Business:   |                     |                    | Email Address:    |                  |                   | Soldier/Spouse/DoD Civilian: |                    |  |
| Describe proposed Home Based B  | Business:           |                    |                   |                  |                   |                              |                    |  |
|   |                     |                    |                   |                  |                   |                              |                    |  |
|   |                     |                    |                   |                  |                   |                              |                    |  |
|   |                     |                    |                   |                  |                   |                              |                    |  |
|   |                     |                    |                   |                  |                   |                              |                    |  |
| Directorate / Office  | Building            | Telephone #        | Recommendation    |                  | Initial           |                              | Date               |  |
| Villages at Fort Irwin  |                     |                    | Approval          | Disapproval      |                   |                              |                    |  |
| DECA (Commissary)   |                     |                    | Approval          | Disapproval      |                   |                              |                    |  |
| AAFES   |                     |                    | Approval          | Disapproval      |                   |                              |                    |  |
| Installation Safety (As required)                                       |                     |                    | Approval          | Disapproval      |                   |                              |                    |  |
| Environmental (As Required)   |                     |                    | Approval          | Disapproval      |                   |                              |                    |  |
|   |                     | Below (            | Completed by      | DFMWR Office     |                   |                              |                    |  |
| Reviewer Initials   |                     |                    | Requir            | ed Documentat    | ion               |                              |                    |  |
| Liability Insurar   | Liability Insurance |                    |                   |                  |                   |                              |                    |  |
| Insurance Com   | npany lic           | ense number a      | and/or Busi       | ness registrat   | ion number        |                              |                    |  |
| Preventive Med  | dicine Ho           | ome Inspection     | n Report (A       | s Required)      |                   |                              |                    |  |
| Unit Commander memorandum (As Required)                                 |                     |                    |                   |                  |                   |                              |                    |  |
| Food Handlers   | Certifica           | ate (As Require    | =d)               |                  |                   |                              |                    |  |
| Other documer   | nts                 |                    |                   |                  |                   |                              |                    |  |
| Reviewer Signature:   | Date:               |                    |                   |                  |                   |                              |                    |  |
| Legal Review Complete   |                     |                    | Date:             |                  |                   |                              |                    |  |
| This authorization will expire two ye                                   | are from i          | ts date of approva |                   | should be submi  | tted 60 days pric | or to evniration             | n Any guestions or |  |
| concerns please contact the NAF F<br>Directorate of Family & Morale, We | inancial M          | lanagement Offic   | e at (760) 380    | 0-6248/3493 or b | y writing NAF Fi  |                              |                    |  |
|   |                     | Insta              | llation Appro     | oval Authority   |                   |                              |                    |  |
|   |                     |                    |                   |                  |                   |                              |                    |  |
| Approved/Disapproved  |                     |                    | Dr. Wilbert Artis |                  |                   |                              |                    |  |
|   |                     |                    | Director (Acting) |                  |                   |                              |                    |  |
|   |                     |                    |                   | Family & Mo      | orale, Welfare    | e and Recr                   | eation             |  |
| Expiration Date:  |                     |                    |                   |                  |                   |                              |                    |  |

## PRIVACY ACT STATEMENT

AUTHORITY: Title 5, USC, Section 552a; Title 10, USC 3013.

PRINCIPAL PURPOSE(S): The requested information will be used to determine whether or not to grant this request. This checklist is designed as a template to be modified for use at each Army installation.

## INSTRUCTIONS TO INDIVIDUAL

- 1. AUTHORITY FOR HOME BASED BUSINESSES: Home Bases Business's, (HBB), are a Garrison Program authorized under IMCOM Policy Memorandum 215-1-14 and are separate from on-post home childcare known as FCC. Approval and Disapproval of HBBs has been delegated to the Fort Irwin Department of Family Morale Welfare and Recreation (DFMWR).
- 2. Per the Joint Ethics Regulation (DoD Directive 5500.7-R), paragraph 5-409, Soldiers/DoD employees or the spouses or other household members of a Soldier/DoD employee cannot solicit those personnel junior in rank, grade, or positon to the Soldier/DoD employee; or give the appearance that the Soldier/DoD employee himself/herself is using their public office for personal gain. When a Soldier/DoD employee or a spouse or household member of a Soldier/DoD employee engages in commercial solicitation, the supervisor of the Soldier/DoD employee must consult an Ethics Counselor, and counsel the Soldier/DoD employee.
- 3. Commercial solicitation should be avoided where it may: cause actual or perceived partiality or unfairness, involve the actual or apparent use of rank or position for personal gain, or otherwise undermine discipline, morale, or authority.
- 4. HBB owners must reside on the Fort Irwin military installation.
- 5. CBD and/or other marijuana derivatives are not permitted to be sold or in one's possession on any Federal installation. These types of components are still federally categorized as controlled substances and are strictly enforced.
- 6. HBB's involved in food preparation will need to be approved by Army Public Health and/or a Local Health Department. The applicant must provide documentation that states the HBB meets all applicable food safety and sanitation conditions.
- 7. This authorization is valid solely for your specific services stated. If you should desire to provide an additional service(s), you must obtain a separate authorization(s).
- 8. Failure to comply with any of the provisions of this authorization will result in issuance of a cease and desist letter. Failure to comply will lead to immediate and potentially permanent revocation of your HBB privileges. All cease and desist letters are routed to the Fort Irwin Housing office and may lead to termination of installation housing privileges.
- 9. The HBB owner must obtain the requisite permissions, licenses (if applicable), and liability insurance prior to packet submission.
- 10. The HBB owner is responsible for any damages and/or injuries to third parties arising from the conduct of their business.
- 11. The HBB owner is required to comply with and is subject to inspection by the appropriate city, county, state or federal agency, office or department for compliance with applicable laws, codes, regulations and requirements.
- 12. The residential character of the property shall be maintained. The HBB may not occupy more than 25 percent of the home's gross floor area. Parts or materials related to the HBB shall be screened from public view and will be limited to the interior of the structure or the side and rear yards of the property. Signage is limited to what can be displayed in a single window from the inside and may not be illuminated.
- 13. HBB owners will not:

-engage in commercial solicitation while on duty.

-use duty or government telephone numbers on any advertising material

-advertise by distributing materials to the post housing areas other than by U.S Mail

-utilize any facility or structure other than government quarters to perform your commercial solicitation services on the Fort Irwin installation. Door to door sales and soliciting in the barracks or housing is not authorized

-resale products purchased through government tax free agencies such as the Commissary, Exchange, etc.

14. HBB owners will:

-have their Vendor Permit Identification Card in their possession whenever they are conducting private commercial solicitation on Fort Irwin -provide all customers with a receipt for proof of sale of goods or services

-restrict solicitation hours to 0900-2130 weekdays and weekends, except for quarters cleaning and commercial home enterprise type solicitation restrict noise, vibrations, or odors; shall not be detectable beyond the property line

15. HBB Owners may:

-advertise through a paid advertisement in the High Desert Warrior or the Family and Morale, Welfare and Recreation Marketing Department

I have read and agree to the above statements. I will abide by the rules and referenced policies above and any additional HBB guidance published by Fort Irwin.

Signature: Date: