

CITY OF DAPHNE - BUSINESS LICENSE SUPPLEMENT
HOME-BASED BUSINESS

DATE: _____

APPLICANT NAME: _____

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DESCRIPTION OF BUSINESS: _____

Permission for issuance of a business license at the above address is contingent upon the applicant agreeing to conditions set forth in ***Article 31-1, City of Daphne Land Use and Development Ordinance.***

Any restrictive covenants set forth by a Homeowner's Association, as related to operation of a home-based business, will not be superseded by anything in this document.

By signing this form, applicant agrees to the conditions stated in Article 31 of City of Daphne Land Use and Development Ordinance and understand failure to comply with these conditions will constitute a violation of the City of Daphne Zoning Ordinance. Applicant will be subject to the penalties set forth in the Land Use and Development Ordinance and ***subject to the revocation of their business license.***

Applicant also understands that license is granted to the applicant only at the address stated above.

Approval is not transferable to any other individual or owner at the approved address. If licensee should relocate within the corporate city limits of Daphne, re-application must be submitted.

I, the undersigned, have received a copy of Article and have read such Article. I agree to the conditions pertaining to home-based businesses and agree to comply with them. I understand that I may be subject to revocation of my business license if I fail to comply.

SIGNATURE

DATE

PRINT NAME