



City Planning Department

City Hall – 501 Laurel Street
Brainerd, MN 56401
218/828-2309/Fax 218-828-2316
www.ci.brainerd.mn.us

Receipt # _____
Date: _____

HOME BUSINESS LICENSE/PERMIT

NEW RENEWAL

Applicant(s)/Owner(s) Name: _____
Business Name: _____
Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Home Phone: _____ **Fax:** _____ **E-mail:** _____

Type and Description of Home Business: _____

Do you plan any remodeling or alterations for the Home Business?
 Yes No (If yes, discuss the plans with the Brainerd Building Department)

Hours of operation _____ **Days of week** _____

Renewals Only: Are there any changes in the day to day activities for this Home Business from last year?
 Yes No If yes, please describe: _____

BRAINERD ZONING ORDINANCE

Section 515-26-4: Requirements-General Provisions

Home Businesses

1. Any lawful occupation or profession conducted within a dwelling unit by the owner and/or occupant who resides at the dwelling. All such occupants shall obtain written approval of the property owner and provide evidence of such approval to the City prior to issuance of a permit.
2. Such uses include professional offices, minor repair services, photo or art studios, dressmaking, barbershops, beauty shops, or similar uses. Only articles made or services originating on the premises may be sold on the premises.
3. Other than signs permitted in residential districts, evidence of the occupation shall not be visible from the perimeter of the lot. Evidence of the occupation means outdoor storage of materials, equipment or merchandise.
4. Such occupation must provide up to two (2) off-street parking spaces. Parking of one commercial vehicle not to exceed twelve thousand (12,000) pounds may be allowed per premises.
5. No accessory building shall be used for a Home Business.
6. Entrance to the Home Business shall be gained from within the principal building. Not more than twenty-five (25) percent of the gross floor area of the residence shall be used for this purpose.
7. No mechanical or electrical equipment shall be used that interferes with the desired quiet residential environment of the neighborhood or if it endangers the health and safety of the occupants or neighborhood residents.
8. A person having a Home Business shall provide proof of meeting the above requirements if complaints are received by the City Council.

Inspection

The City hereby reserves the right upon issuing any Home Business license to inspect during reasonable hours, without notice, the premises in which the occupation is being conducted to insure compliance with the provisions of this Section and any conditions additionally imposed.

Revocations

1. Permitted Home Business license approvals shall remain in effect until:
 - a. Such time as the business is not in compliance with any portion of this Ordinance, or any applicable State or Federal regulation.
 - b. Such time that there is a violation of the terms and conditions of license or permit approval.
 - c. Such time as there is a change in the conditions of operation of the business as it was originally approved; including any changes in the nature of the business, any substantial change in the extent of business, any expansion of business facilities, or any other circumstances related to the business which have the potential to significantly affect surrounding properties, or which may pose a threat to the health, welfare or safety of the general public.
 - d. At such time that the City has cause to believe that any of the events listed in 1, 2 or 3 above have taken place, the City shall immediately notify the license or permit holder of the allegations of violation and the necessary corrections required to bring the license or permit into compliance.

I HEREBY AFFIRM THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I HAVE READ BRAINERD'S HOME BUSINESS REGULATIONS AND AGREE TO ABIDE BY THEM AND ANY STIPULATIONS ADDED BELOW. I HEREBY CERTIFY THAT THE LOCATION (ADDRESS) OF THE PROPOSED HOME BUSINESS (AS NOTED ABOVE) IS USED AS MY PERMANENT AND PRIMARY RESIDENCE. I UNDERSTAND THAT FALSE INFORMATION OR VIOLATION OF ANY STIPULATION COULD RESULT IN REVOCATION OF THIS PERMIT.

Applicant Signature: _____ **Date:** _____

(Please print name)

CITY USE ONLY - Approvals: Building Dept. ___ Fire ___ Police ___ City Council ___ County Health Dept. ___	
CONDITIONS OF ISSUANCE: _____ _____ _____	
APPROVED: () Yes () No [If no-reasons for denial]: _____ _____ _____	
SIGNATURE: _____	DATE: _____