



CITY OF ANTHONY

820 HWY 478 Anthony, New Mexico 88021
 (575)882-2983 office (575)882-2978 Fax

www.cityofanthonymm.com

Home Occupation Permit

City of Anthony Home Occupation Permit	E.T.Z [Extra Territorial Zone] HOME OCCUPANTION PERMIT
DATE:	
APPLICANT'S NAME:	
LOCATION OF BUSINESS:	
MAILING ADDRESS OF PROPOSED BUSINESS:	
DESCRIPTION OF PROPOSED BUSINESS:	

Please print the following information and answer the questions by circling the appropriate response on the right.

1. Will anyone other than members of the family residing in the premises be employed by the home occupation? YES NO
2. Will the Home occupation use more than 25% of the floor area of the home? YES NO
3. Will there be any changes to the outside appearance of the home, or any visible evidence of the Home Occupation? YES NO
4. Will there be any open storage of business-related equipment of supplies? YES NO
5. Will any commodities be sold at the residence? YES NO
6. Will flammable or hazardous products be stored in the residence? YES NO
7. Will the Home Occupation generate any additional traffic, not associated with residential use? YES NO
8. Will the Home Occupation create noise, vibration, glare, fumes, odors, or electrical interferences? YES NO
9. Will any signs be used to advertise the Home Occupation? YES NO
10. Will the Home Occupation exceed 10% of the floor area of the residence? YES NO
11. Will clientele be required to come to the residence? YES NO

Proprietors shall be following the City of Anthony Ordinance NO. 2010-018 or the E.T.Z Ordinance NO. _____; The business shall clearly incidental and subordinate to the primary use of the property, failure to do so may result in revocation of the Business Registration Permit. I understand the ranting of this Home Occupation Permit is depended upon abiding by the above-mentioned Ordinance and obtaining an annual City Business License.

Applicant's Signature: _____ Date: _____

Application Fee: \$	Receipt #:	APPROVED:	DENIED:
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City Planner: _____ Date: _____



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Storage of Hazardous Materials/Chemicals Facility Inventory Form

Failure to complete and submit this document will result in the denial of your business registration. If you require additional information in completing the form, please call the office of Doña Ana County Emergency Management at (575)647-7900.

Business/Facility Name: _____
 Type of Business: _____
 Physical Address: _____
 Business Phone #: _____
 Owner/Manager: _____
 Mailing Address: _____
 Emergency Contact #: _____

- A. 1. Does your business have an Evacuation Plan? YES NO
 2. Does your business have an OSHA Hazard Communication Standard Program? YES NO
 3. Does your business use, store, manufacture, dispose or dispense hazardous Materials/Chemicals? YES NO
 4. Does your business dispose of hazardous materials/chemicals? YES NO
 (if yes, give method of disposal and final disposal destination)

5. Is your business required to submit an EPA Risk Management Plan? YES NO

- B. 1. Please list all chemicals or hazardous materials which are used, sold, or stored At your business. (Attach additional sheet if necessary).

Gasoline (above ground) _____/gal	Gasoline (below ground) _____gal
Diesel (above ground) _____/gal	Diesel (below ground) _____/gal

Provide the name and how close in feet your chemical storage area is to any:

	NAME	DISTANCE		NAME	DISTANCE
SCHOOL			HOSPITAL		
RESTAURANT			STORE		
RESIDENCE			OTHER		

PLEASE COMPLETE OTHER SIDE

ITINERATIVE VENDOR APPLICATION SITE PLAN

SITE PLAN:

By signing below, I affirm that all of the information provided to apply for a itinerate Vendor's License/Itinerate Street Vendor Permit is true and correct and I agree to comply with **Ordinance NO. 2011-01** and all of the **City of Anthony rules**, regulations and ordinances.

Applicant's Signature

Date

----FOR NEIGHBORHOOD SERVICES DEPARTMENT ONLY----

Director of Neighborhoods Services: _____

Zoning Approval: _____

Applicant Fee: \$ _____

Clerk's Receipt #: _____

Received By: _____

Permit #: _____

Name of Event: _____

Start Date/Time: _____