



4900 Village Commons
Matteson, IL 60443
(708) 283-4900

HOME OCCUPATION REGULATIONS

Zoning Ordinance Section 159.04(84) Definitions

"Home Occupation."

1. An accessory use of a service or character customarily conducted within a dwelling by the residents thereof, which is clearly secondary to the use of the dwelling for living purpose and does not change the character thereof or have any exterior evidence of such secondary use:
2. In connection therewith there is not involved the keeping, sorting or maintaining of an inventory, equipment or machinery;
3. There is no commodity sold upon or from the premises;
4. No person is employed other than a member of the immediate family residing on the premises;
5. No more than 3 pupils, clients, or customers can be present at the same time; and,
6. No mechanical equipment is used except such as is normally used for purely domestic purposes and no commercial vehicle in connection with home occupation is stored or parked except within a fully enclosed and closed private garage.

The following home occupations are ***prohibited***:

- a. Any wholesale or retail business, unless it is conducted entirely by mail or telephone.
- b. Any manufacturing business
- c. Any clinic or hospital
- d. A barbershop or beauty parlor
- e. A stable, animal hospital or dog kennel.
- f. A restaurant or catering service
- g. Any activity that produces noxious matter, or employs or produces flammable matter

HOME OCCUPATION BUSINESS LICENSE APPLICATION

Calendar year beginning January 1, 2017 and ending on December 31, 2017

APPLICATION FEE: \$75.00

New Business ___ Annual Renewal ___ Address Change within Matteson from: _____, Matteson, IL

Business Name (as it will appear on license): _____

Business Address (as it will appear on license): _____

Business Telephone #: _____ Fax #: _____

Is it ok to share Business Address & Phone # with the public? Yes ___ No ___ Best # to reach you: _____

If P.O. Box above, your home address: _____ Matteson, IL

Type of Business: _____ Hours & Days of Operation: _____

Temporary/Seasonal Business? ___ Indicate time period you will be operating? _____

Number of Jobs: _____ /Illinois Retailers Occupational Tax/Sales Tax # _____

Do you have an Alarm System? No ___ Yes ___ Type: Fire ___ Burglar ___ Do you have a hold-up/panic button? ___

Name of Alarm System Company _____ phone _____

Key Holders (Order to Call)

Name: _____ Phone: _____

Name: _____ Phone: _____

*In accordance with Zoning Ordinance Section 159.04(84) "Home Occupations" (a copy of which is available on our website or by contacting our office) **please initial each statement below** indicating that you have read and fully understand the regulations for Home Occupations and agree to conduct your home business located at _____ in accordance with these regulations. Refer to Zoning Ordinance for a list of prohibited home businesses. Failure to comply with Ordinances of the Village of Matteson may result in termination of your license and further action from the Village, including daily citations.*

INITIAL EACH STATEMENT

___ There will be no person employed other than a member of the immediate family residing on the premises.

___ There will be no keeping, maintaining, or sorting of inventory or machinery.

___ There is no commodity sold upon or from the premises

___ There will be no more than 3 pupils, clients, customers present at the same time

___ There will be no mechanical equipment used except such as is normally used for purely domestic purposes

___ Any commercial vehicle in connection with the home occupation will be parked within a fully enclosed and closed private garage

___ There will be no signage.

Annual renewal & fees must be submitted to the Village Clerk's Office on or before close of business December 30, 2016. Upon processing, the license will be mailed to the business address above. The license is for the calendar year at the top of this application and expires on December 31st. The license fee is not prorated.

Applicant Signature: _____ **Title:** _____

Type/Print Applicant Name: _____ **Date:** _____

*****FOR OFFICE USE ONLY*****

Cash ___ Check/MO # _____ Last 4 Digits of Credit Card _____ exp. Date: _____

Application Approved: _____ /Denied: _____ By Zoning: _____ Date: _____