| USAG Ba | USAG Bavaria Application for Home Based Business Permit (page 1) | | | | | | | | | |
|---|--|--|----------------------|------------------|----------------------------|--|--|--|--|--|
| Initial Application Renewal Application Transfer from previous Installation (Yes/No) | | | | | | | | | | |
| DATA REQUIRED by the PRIVACY ACT of 1974. Authority: Title 5 USC 552a; Title 10, USC 3013. Purpose(s): The requested information will be used by the Senior Commander or their designee to determine whether or not to grant this request. | | | | | | | | | | |
| Home-Based Business Owner | | | | | | | | | | |
| <u>Name (Last, First MI)</u> | Name | e Of Business | | Telephone Number | | | | | | |
| Address of Proposed Business: | <u>Email</u> | Email Address: | | | Previously Approved? | | | | | |
| | | | | | YES NO | | | | | |
| Installation if Previously Approved | <u>Sponsor Name</u> | <u>Name</u> | | | <u>Sponsor DEROS</u> | | | | | |
| <u>Sponsor Unit</u> | Sponsor Email | Email | | | Sponsor Phone Number | | | | | |
| Briefly Describe the Proposed Business | Activity | | | | | | | | | |
| | | | | | | | | | | |
| Business Category: Circle One | Shoulse Own | ed and Operated? | | Annlicatio | n Submission Date | | | | | |
| Service Product | YES | NO | | | | | | | | |
| | | _ | | artha ana | d and an and dissipling of | | | | | |
| The following rules ensure that operating an HBB does not negatively affect the safety, community tranquility, or the good order and discipline of the Army. As the business owner, I acknowledge, by initialing each item, the following conditions will be met: | | | | | | | | | | |
| | | <mark>R Line 1b, whichever one is</mark> | | | | | | | | |
| I confirm that I am a non-employed family member. Upon employment status change, I will inform my supervisor about my HBB and it will be re- evaluated. (ONLY INITIAL 1a or 1b) | | | | | | | | | | |
| I confirm that I am a Government employee (DA, NAFI) or Active Military and as such will provide a memorandum from my Supervisor or Commander authorizing outside HBB activities. (ONLY INITIAL 1a or 1b) | | | | | | | | | | |
| 2 I must obtain the requisite permissions, licenses (if applicable), and liability insurance prior to opening/operating. | | | | | | | | | | |
| 3 I am responsible for any damages to | third parties arising fro | om the conduct of their busi | ness. | | | | | | | |
| 4 I confirm that no modifications will be made to my assigned Government owned/leased quarters or private rental. | | | | | | | | | | |
| ⁵ I understand that I am not allowed to provide child care services. If I want to provide this service, I must go through the installation Child, Youth Services (CYS) office as part of the Family Child Care (FCC) provider system. | | | | | | | | | | |
| I am required to comply with, and am subject to, inspection by the appropriate city, county, state or federal agency, office or department for compliance with applicable laws, codes, regulations and requirements. | | | | | | | | | | |
| Through my HBB, if I am involved in food preparation, cutting or styling hair, beauty or cosmetics (such as skin treatment, braids, spray tanning, tattoos, etc.), or massages, I will need to be approved by Army Public Health and/or the Local Health department. I must provide documentation stating I will meet all the applicable conditions, including food safety and/or sanitation of the area. | | | | | | | | | | |
| | I understand that noise, vibrations, or odors shall not be detectable beyond the property line. | | | | | | | | | |
| 9 I am aware that I am not entitled to receive legal assistance from any U.S. Army Legal Center regarding the operation of my HBB. | | | | | | | | | | |
| If an item is marked with an asterisk (*), the document is available online @ https://grafenwoehr.armymwr.com/programs/home-based-business. To send an HBB packet up for Garrison Commander approval, the following documents, fully completed and signed , must be provided: | | | | | | | | | | |
| * USAG Bavaria Application for Home Based Business Permit | | | | | | | | | | |
| * Statement from Host Nation Trade O | | | needed when renewing | g USAG Bava | aria HBB permit) | | | | | |
| * HBB Risk Mitigation Plan (MUST be ty) | | • | | - | · , | | | | | |
| Price list of goods or services | | | | | | | | | | |
| * Certificate of Understanding for U.S. | * Certificate of Understanding for U.S. Forces Family Members to Engage in Commercial Activities (AE form 210-70A) | | | | | | | | | |
| Application for U.S. Forces, Europe, Co | Application for U.S. Forces, Europe, Commercial Acivity Authorization, if applicable (AE form 210-70F) | | | | | | | | | |
| Customs Office Certificate of Briefing (| Customs Office Certificate of Briefing (not needed when renewing USAG Bavaria HBB permit) | | | | | | | | | |
| * Authorization Release Form (Optional | * Authorization Release Form (Optional; not needed when renewing USAG Bavaria HBB permit) | | | | | | | | | |
| Photocopy of a valid passport and NATO SOFA stamp (Family members of the U.S. Forces and Civilians; if not expired, not needed when renewing USAG Bavaria HBB permit)) | | | | | | | | | | |
| From HN residents only, photocopy of the HN ID card (ex. a Reisepass or Personalausweis); from noncitizens who reside and solicit in the HN, photocopy of the national ID (ex., an Aufenthaltstitel) and of the residence permit. | | | | | | | | | | |
| Home Based Business Owner: I certify that the above statements are true and I will abide by these and any additional rules or policies provided by the USAG Bavaria Garrison Commander. | | | | | | | | | | |
| | | | | | | | | | | |
| HBB Owner's Signature: | | | | Da | ate: | | | | | |

| USAG Bavaria Application for Home Based Business Permit (page 2) | | | | | | | | | | |
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| Installation Coordination | | | | | | | | | | |
| Directorate/Office | B | Building | | | Signature | Date | | | | |
| Army Community Service | Bldg. 10 Hohenfels | | Attend Orientation and Pick Up Application | | | | | | | |
| | Building Phone # | | Recomm | mendation | Requireme | nt | | | | |
| Host Nation Trade Office | See attached Host Nation Trade Office POC Information | | Complete Host Nation Trade Form | | Submit signed form with application packet | | | | | |
| | TO SET UP | P APPOINTMENTS: | | | Signature | Date | | | | |
| USAG Bavaria Housing - CALL | B83 Hohenfels | 09472-708-2619 | Approval | Disapproval | | | | | | |
| Public Health EMAIL for appointment (if applicable) | bhc.mbx. | avaria.medcom- .environmental- :h@mail.mil | Approval Disapproval | | | | | | | |
| Customs - CALL | B10 Hohenfels | 09472-83-3005 or 09472-83-3376 | Received Customs briefing and obtained certificate | | | | | | | |
| Army Community Service - CALL | B10 Hohenfels | 09472-708-4860 | Received Completed Application and Supporting Documents | | | | | | | |
| | | FOR OFFICI | AL USE ONL | | | | | | | |
| Staff Judge Advocate (SJA Legal Review) | Reviewed completed application and supporting documentation | | Legally Sufficient | | Legally Insufficient | | | | | |
| Directorate, Family, Morale, Welfare and Recreation | | pleted application and g documentation | Concur | | Non-Concur | | | | | |
| The enclosed copy of AE Form 210-70A bearing your signature certifies that you understand all the requirements necessary to engage in commercial activities. Failure to comply with any of the directives or providing additional services, not approved by the Garrison Commander, will result in the loss of your privileges to conduct business on this installation. In addition, you are advised that you may not use your U.S. Forces-plated privately owned vehicle, tax-free fuel, any items purchased from AAFES stores, AAFES catalog, the commissary, or products purchased tax free or imported duty free through the APO or by any other means in support of this business. The use of such tax-exempt facilities, products, or conveniences constitutes a violation of German customs and tax laws. The posting or distribution of flyers must be coordinated with the USAG Bavaria Commander or a designated official. Posting or distributing flyers in Government housing must be approved by each building and stairwell coordinator. You may advertise your enterprise in the Stars and Stripes and local military community papers and magazines. Approval of this application does not imply any relationship between the applicant and the U.S. Government. The applicant is solely responsible for any liabilities associated with this business. | | | | | | | | | | |
| | | | | | | | | | | |
| Installation Approval Authority I have reviewed the application for Home Based Business and APPROVE DISAPPROVE | | | | | | | | | | |
| | | | nu | APPROVE | DISAPPROVE | | | | | |
| Expiration Date: (2 years from date of sig indicated) | CHRISTOPHER R. DANBECK COL, AR Commanding | | | | | | | | | |
| Reason(s) for disapproval | : | | | | | | | | | |