

**TOWN OF PORT HEDLAND**  
**HOME BUSINESS**

*Please complete this form if you intend to operate a business from your home - to be completed in addition to the Development Application Form and all other requirements as noted on the checklist.*

Home Business Details			
Description of Business/ Service to be provided:			
Trading Name:			
Days and Hours of Operation:			
No. Employees that do not reside at the premises:			
Will there be client/ customer visits to the property?	Yes	No	
Frequency of client/ customer visits:			
How often will deliveries be made to the home?			
Are you preparing or handling food?	Yes	No	
Are you providing a service that requires skin penetration (e.g. waxing, piercing, tattooing)?	Yes	No	
Is there any signage proposed?	Yes	No	
If yes, is it less than 0.2m <sup>2</sup> ?	Yes	No	N/A