



**TOWN OF HORIZON CITY**  
 14999 Darrington Road  
 Horizon City, Texas 79928  
 Phone 915-852-1875 Fax 915-852-1005

**HOME OCCUPATION LICENSE APPLICATION**

New  Renewal

\_\_\_\_\_  
 (Home Occupation Address) \_\_\_\_\_ Horizon City, TX. 79928

**PROPERTY LEGAL DESCRIPTION**

**TYPE OF HOME OCCUPATION**

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Child Care  Adult Care  E-Commerce  Other Allowable

\_\_\_\_\_  
 (Applicant's or Organization's Name)

\_\_\_\_\_  
 (Contact Name)

\_\_\_\_\_  
 (Mailing Address, City, State, Zip Code if different from above)

\_\_\_\_\_  
 (Contact's e-mail address)

\_\_\_\_\_  
 (Contact's Phone No.)

Applicant Owns  Rents  the Home for the proposed occupation. Affidavit required for homes that are rented. Affidavit Attached? Yes  No  N/A

Home Occupation Business Name (Assume Name or DBA) \_\_\_\_\_

**QUESTIONNAIRE**

I **General for all applicants. Please answer "Yes" or "No" to all questions. Use the space provided on the back of the form to fully explain the home occupation.**

1. Do you own the above listed property? If the answer is "No", please provide a homeowner's affidavit.	
2. Do you live at the above listed address?	
3. Will the home occupation require regular use of commercial vehicles for delivery?	
4. Will the home occupation generate pedestrian or vehicular traffic of clients, associates, or goods?	
5. Will more than one person, not a member of the resident household, be employed in connection with the home occupation?	
6. Will the residence be used exclusively for the operation of a home occupation?	
7. Will the home occupation cause a nuisance, create excessive noise, dust, vibration, smell, smoke, glare, electrical interference detectable at the lot line, or create a fire hazard?	
8. Will any advertising attached to the exterior of the building be used?	
9. Will your home occupation require any structural changes to be made to the building?	
10. Since the construction of the home, have any structural changes been made? If yes, submit Certificate of Occupancy or Completions or building permit numbers.	
11. Are items, made on a custom basis on the premises, being sold at retail on the premises?	
12. Will the home occupation comply with all provisions of the law (local, state, and federal)?	
13. Did you receive the Home Occupation excerpt of Section 901 of Zoning Ordinance # 0102?	

I, (the applicant) \_\_\_\_\_, will allow the Town of Horizon & Emergency Services District #1 to inspect property in its entirety.

Provide a weekly estimate of the number of persons who will come to site and deliveries that will be made to the site due to the home occupation. \_\_\_\_\_.

STATE OF TEXAS §  
 COUNTY OF EL PASO §

Acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_  
 (Print Name of Applicant)

Notary Stamp

\_\_\_\_\_  
 STATE OF TEXAS NOTARY PUBLIC, Signature

**II STATEMENT**

Please use the following space to fully explain your proposed home occupation. Additionally, please provide an explanation if you have answered "Yes" to questions 3 through 11 above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III CHILD CARE HOMES (Chapter 747 of Texas DFPS)**

- 1. Number of children to be cared for: \_\_\_\_\_
- 2. Other children living in residence under 14: \_\_\_\_\_
- 3. Size of indoor activity area: \_\_\_\_\_ sq. ft. (room size requires 30 sq. ft. per child)
- 4. Size of outdoor activity area: \_\_\_\_\_ sq. ft. (80 sf. ft. per child required)
- 5. Number of off street paved parking area spaces \_\_\_\_\_
- 6. Type and height of wall in rear yard \_\_\_\_\_ (masonry wall of at least 4 ft. in height is required)
- 7. Will your home child care facility include overnight stays? \_\_\_\_\_

**IV ADULT CARE FACILITY (ADC), ADULT FOSTER CARE (AFC) OR ASSISTED LIVING FACILITY (ALF)**

- 1. Type of facility: ADC  AFC  ALF-Type A  ALF-Type B
- 2. Number of persons to be cared for: \_\_\_\_\_
- 3. Room sizes: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, (80 sf ft./ single occupancy 60 sq. ft. double occupancy except Type B)
- 4. Number of off street paved parking spaces: \_\_\_\_\_

**V PROHIBITED USES**

Will the Home Occupation include uses listed in Section 901 D, Home Occupation Uses? \_\_\_\_\_

**VI APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**(FOR OFFICE USE ONLY)**

**1. ATTACHMENTS or SUBMITTALS RECEIVED**

- El Paso Assumed Name Certificate Expires \_\_\_\_\_  State Sales Tax ID  Application Fee \$50
- City/County/State Licenses & Certificates of Training  ALF Pre-Licensure CBT
- Business Registration License Application and Fee

**2. COMPLIANCE**

The Home Occupation, as proposed on this application is:  disapproved as it does not comply  approved as it complies with all requirements of the Ordinance or Codes.

The Building Official has denied, suspended or revoked the license. Attached, is the written notice/report for the decision as indicated in Section 901 F, A&B of Zoning Ordinance 0102.

The request for an exception to the number of persons allowed to reside in the home is:  authorized as this is required by law and the applicant has submitted evidence indicating it is reasonably necessary and permitted under federal law or state law  not authorized.

Home complies with Emergency Services District #1 requirements as provided by the Inspection Report. Yes No

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

## STAFF & APPLICANT CHECKLIST:

**HOME OCCUPATION:** The partial use of a dwelling unit for commercial or nonresidential uses, by a resident thereof which is subordinate and incidental to the use of the dwelling for residential purposes.

The following documents and/or information shall be provided to the Town of Horizon for proper registration of the Home Occupation. No registration shall be considered **complete until** all required information has been provided on a form provided by the Town of Horizon City, no exceptions.

### 1) REQUIRED DOCUMENTS:

- a)  El Paso County Assumed Name
- b)  State Sales Tax Identification Number
- c)  Affidavit, if applicant rents the home

If your home occupation requires inspections by the **City, County, and State** and/or requires additional Training/Licensing, the applicant must submit proof of a State License and an inspection report that home has passed inspection with the application.

- d)  Fire Marshal Inspection Report indicating passed inspection from El Paso County Emergency Services District #1
- e)  Proof of a State License, attached (For Child & Adult Care Facilities).
- f)  Certificates of Completion for any required Training/Licensing, attached. (ALF CBT)
- g)  In Home Care: Home Occupations require **Child Protective Service** Training (Certificate of Completion required)
- h)  In Home Care: Home Occupations require **Fixed Location Permit** issued by City of El Paso
- i)  City or County Inspection Reports

### 2) APPLICATION, FEES & ADDITIONAL INFORMATION: Home occupations will not be approved without a complete application and proper documentation and fee, no exception.

- a) The Town of Horizon City License for a home occupation is for one year, which begins January 1<sup>st</sup> and ends December 31<sup>st</sup>, and may be renewed annually.
- b) Home occupation fees will **not** be prorated.
- c)  Home Occupation non-refundable fee of \$50 per year. Renewal Fee of \$35, if paid by January 15<sup>th</sup>.
- d)  Separate **Business Registration Application with the required fee has been obtained.** (Ord. 0069)  
(Business Registration Number: \_\_\_\_\_)