



DEPARTMENT OF THE ARMY  
 U.S. ARMY INSTALLATION MANAGEMENT COMMAND  
 EMPLOYEE READINESS PROGRAM (ERP)  
 UNITED STATES ARMY GARRISON FORT DRUM  
 10720 MOUTN BELEVEDERE BLVD  
 FORT DRUM, NEW YORK 13602  
 (315) 772-1090



## Application for Home Based Business Application, Fort Drum, New York

\_\_\_\_\_ **New**                      \_\_\_\_\_ **Renewal**

1. Name: \_\_\_\_\_

2. Business Name: \_\_\_\_\_

3. Street Address: \_\_\_\_\_

4. City/State/Zip: \_\_\_\_\_

5. Contact Phone Number: \_\_\_\_\_

6. Employer Identification Number (EIN): \_\_\_\_\_

7. E-Mail Address: \_\_\_\_\_

8. Website Address: \_\_\_\_\_

9. Type of Business (ex. photography, clothing, skincare, etc.): \_\_\_\_\_

\_\_\_\_\_

10. Brief Description of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Is this an on-line only business?                      Yes                      No

12. Will you be offering any classes?                      Yes                      No

13. Will customers physically be entering your quarters?                      Yes                      No

- If so, how many at any given time do you estimate will be there? \_\_\_\_\_

14. Will you be using any heat sources or equipment that draws electric? Yes No

- If yes, please list the heat source or equipment that will draw electric power:

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15. Will you be using any chemicals, flammables, etc? Yes No

- If yes, please list what chemicals/flammables you will be using? \_\_\_\_\_

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16. Will you be using any equipment with sharp blades, sharp points, rollers or pinch points?  
 Yes No

- If yes, please list what equipment you will be using: \_\_\_\_\_

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**17. I understand that the following documents must be provided with my application: DD Form 2977, Deliberate Risk Assessment Worksheet, copies of Certificate of Authority/NYS Sales Tax Permits/Certifications/Licenses for NYS & Federal Requirements.**

18. I hereby certify that there will be no requirement for additional quarter amenities, no unusual wear and tear on the facilities, no requirement for additional parking, no conflict of interest and no use of military title, position designation or connection with business.

19. I agree to comply with all applicable regulations in the AR 210-7, Personal Commercial Solicitation on Army Installations and Installation Management Command (IMCOM) Policy Memo 215-1-14 (copy attached).

20. I have checked with the Small Business Development Center of Jefferson County (315) 782-9262, concerning State tax, licensing and other requirements for operating a business in the State of New York and have taken the necessary steps to ensure compliance with all Federal, State and local tax, certification, licensing and other requirements.

\*I certify that all required Documents and Forms required to legally operate my business in the State of New York, and Jefferson County New York have been received and are attached to this application to operate a Home Based Business on Fort Drum.

- a. Applicants should attached any approved or necessary licenses, permits, bonds, liability insurance, etc... for legal review.
- b. A helpful tool to starting a business in New York State can be found here:  
<https://www.businessexpress.ny.gov/>

21. I understand that approval to operate a business from my house is not a right but is a privilege conditioned on continued compliance with the rules and all applicable Federal, state and local laws.

22. I understand that my signature below represents my understanding of the above and provides consent to place the name of my company and my name as the owner on the HBB website.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Received by ERP: \_\_\_\_\_ ERP signature: \_\_\_\_\_  
Date

Fort Drum Housing Services Office, (315) 955-6803

\_\_\_\_\_  
Date Signature

Fort Drum Garrison Safety Office, (315)772-4674

\_\_\_\_\_  
Date Signature

Office of the Staff Judge Advocate, (315) 772-3067

\_\_\_\_\_  
Date Signature

Fort Drum Food Inspection Office, (315) 772-4262

\_\_\_\_\_  
Date Signature