



Village of Mokena

Home Occupation Description Form

For Office Use Only

Date Received _____
Application Complete Y/N _____
Fee Required _____
Amount Paid _____
Payment Method _____
License Number _____

Please fill out this form completely. Any missing information may delay the approval of your application. For more information, or if you have any questions, please contact Community Development at (708) 479-3900. ****Your Home Address will not appear on our website****

Business Information (Required)

Business Name: _____
Business Address (please include street directional (N,E,S,W) and type (St, Rd, Ln, etc):
_____ Unit (if applicable) _____
City: _____ State: _____ Zip Code: _____
Business Phone (____) _____ - _____ Emergency Phone (____) _____ - _____

Description of Home Occupation

Type of Business: _____
Type of Ownership: ____ Individual ____ Partnership ____ Corporation ____ LLC
Percentage of home use for home occupation: _____
Number of deliveries/shipments made from home each day: _____
Number of clients/customers seen per day: _____
Hours of operation of the home occupation: _____
Describe business-related materials stored outside (if any): _____

Home Occupation Terms

By signing this form, the Business Owner agrees to the following:

1. That no more than 25% of the total floor area of any one story will be utilized for any home occupation.
2. That there will be no indication from the exterior that the building is being utilized for any purpose other than a dwelling.
3. You will comply with all requirements stated in Title 9-14-5 of the Village of Mokena Zoning Ordinance regarding Home Occupations (attached).

I understand that failure to abide by these regulations will result in the termination of my Business License, and the subsequent operation of the home business.

Owner's Signature: _____ Date: ____/____/____

Owner's Printed Name: _____

Property Ownership Information

Are the premises leased? ___ Yes* ___ No

** Please submit a copy of the Lease Agreement with this Application for approval.*

Property Owners Name: _____

Owner's Address: _____ Unit (if applicable) _____

City: _____ State: _____ Zip Code: _____

Owner's Phone (____) ____ - ____ Emergency Phone (____) ____ - ____

For Office Use Only

Zoning District: _____ Lot # _____ Subdivision: _____

Comments: _____

Business License approved by: _____ Date: ____/____/____

Occupancy approved by: _____ Date: ____/____/____

☐ AS400

☐ Access

☐ Website

HOME OCCUPATIONS

9-14-5 Home Occupations.

In addition to conforming to the general regulations for accessory uses and structures set forth in Section 9-14-1 above, all home occupations shall comply with each of the following requirements:

- A.** The operator of every home occupation shall reside in the dwelling unit in which the home occupation operates;
- B.** The home occupation shall be conducted entirely within the principal residential structure and shall be incidental and subordinate to the principal residential use of the structure. Furthermore, no work shall be conducted within any attached or detached garage. Limited storage may be allowed in any attached or detached garage provided, such storage does not create a nuisance or prevents the utilization of the garage for parking motor vehicles.
- C.** The home occupation shall not interfere with the delivery of utilities or other services to the neighborhood in which the principal residential structure is located;
- D.** The activity shall not generate any noise, vibrations, smoke, dust, odors, heat, glare, or interfere with radio or television reception in the area that would exceed that normally produced by a dwelling unit used solely for residential purposes;
- E.** No toxic, explosive, flammable, radioactive, or other hazardous materials shall be used, sold, or stored on the site. However, materials common to ordinary household use are permitted, provided the quantity of such materials does not exceed that found in an ordinary household;
- F.** Alteration of the residential appearance of the principal residential structure designed to promote or draw attention to the home occupation shall not be permitted. Furthermore, no advertising, signs, displays, or other indications of a home occupation in the yard, on the exterior of the dwelling unit, or visible from anywhere outside of the dwelling unit shall be permitted;
- G.** No more than one motor vehicle shall be used in connection with a home occupation. The home occupation vehicle must be of a type ordinarily used for conventional private passenger transportation, (i.e., passenger automobile, or vans and pickup trucks not exceeding a payload capacity of one (1) ton). Further, the home occupation vehicle shall not require more than a passenger class driver's license nor be a vehicle designed for carrying more than twelve persons. Vehicles designed or used for living quarters shall not be used in conjunction with a home occupation;
- H.** No visitors in conjunction with the home occupation (clients, patrons, pupils, sales persons, etc.) shall be permitted between the hours of 9:00 p.m. and 6:00 a.m., and the home occupation shall not cause a significant increase in the amount of traffic or parking on any residential street. Furthermore, deliveries for the home occupation shall not restrict traffic circulation and may only occur between 9:00 a.m. and 5:00 p.m. Monday through Friday;
- I.** No outdoor display or storage of materials, goods, supplies, or equipment shall be permitted on the premises;
- J.** In person direct sales or rentals of products are not permitted, however, mail or phone sales shall be considered a permitted home occupation;
- K.** The total interior floor area used for the home occupation shall not exceed twenty percent of the total interior floor area of the dwelling, provided that in no case shall the area of a home occupation exceed three hundred square feet;
- L.** No person may be employed on the site in connection with the home occupation who is not an actual resident of the dwelling unit; and
- M.** More than one home occupation may be permitted within an individual dwelling unit, provided all other standards and criteria applicable to home occupations are complied with. Such criteria shall be applied cumulatively to both uses as opposed to singularly to each use.



Village of Mokena Online Business Directory Registration Form

For Office Use Only

Date Received _____
Business License _____
Application Complete Yes No
Occupancy Approved Yes No
Date Approved _____

If you are interested in having your business listed in our Online Business Directory at www.mokena.org, please fill out the following information completely. Our Business Directory is a central place where residents and potential customers can find your business's contact information.

Company Name as it appears on your Business License Application (ex. Venture Industries):

Business/Store Name as it appears on your signs/literature/etc. (ex. Irish Lassie's Imported Gifts)

Business/Store Address (please include street directional (N,E,S,W) and type (St, Rd, Ln, etc) Home Business addresses will not appear on our website:

Unit Number (if applicable) _____

Do you operate your business out of your home? YES NO

**Please note, if YES, your address will not be published for security purposes.*

Business/Store Phone Number: (_____) _____

Business/Store E-Mail address: _____

Business/Store Website: _____

Contact Person: _____

Please provide a short description of what your business provides

Village of Mokena ♦ 11004 Carpenter Street ♦ Mokena, IL 60448
Phone (708) 479-3900 ♦ Fax (708) 479-4844
communitydevelopment@mokena.org ♦ www.mokena.org

Please check all boxes that apply to your business/store:

<input type="checkbox"/>	Advertising, Marketing, Promotions, & Signs	<input type="checkbox"/>	Home Improvement & Gardening/Landscape
<input type="checkbox"/>	Arts, Culture, Entertainment, & Music	<input type="checkbox"/>	Insurance
<input type="checkbox"/>	Automotive Services, Transportation, & Towing	<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	Building & Construction Services	<input type="checkbox"/>	Lodging & Travel
<input type="checkbox"/>	Business Services	<input type="checkbox"/>	Manufacturing/Production, Wholesale, & Distribution
<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Moving & Storage
<input type="checkbox"/>	Civic & Community Organizations	<input type="checkbox"/>	Parties/Special Events
<input type="checkbox"/>	Cleaners/Laundromats	<input type="checkbox"/>	Pets & Veterinary Services
<input type="checkbox"/>	Commercial/Industrial, Equipment, & Maintenance	<input type="checkbox"/>	Photography
<input type="checkbox"/>	Computers, Electronics, Telecommunications, & Security	<input type="checkbox"/>	Printing, Office Equipment, & Office Supplies
<input type="checkbox"/>	Education	<input type="checkbox"/>	Real Estate & Property Management
<input type="checkbox"/>	Financial Services	<input type="checkbox"/>	Restaurants, Catering, & Food
<input type="checkbox"/>	Gas/Fuel, & Convenience Stores	<input type="checkbox"/>	Retail Shopping, Furniture, & Specialty Stores
<input type="checkbox"/>	Grocery, Liquor/Wine, & Tobacco	<input type="checkbox"/>	Salons, Spas, Tanning, & Barbershops
<input type="checkbox"/>	Health Care & Wellness	<input type="checkbox"/>	Sports, Recreation, & Exercise

Printed Name: _____

Signature: _____

Date: _____