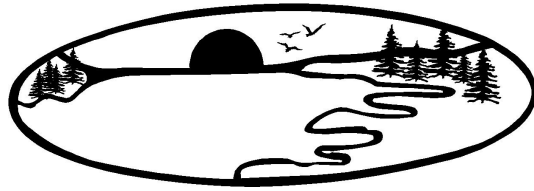


Lake Royale

Property Owner's Association
www.lrpoa.com



Home Based Business Notification

Property Owners Name: _____

911 Physical Address: _____ Phone Number: _____

Mailing Address: _____
Street City State Zip Code

Business Information:

Business Name: _____

Business Owners Name: _____

Business Phone Number: _____

Business Description: _____

Does the Operation of this business require any of the following?

If you answer yes to any of the following questions, please write the question number and an explanation in the space provided below or on a separate sheet of paper.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| 1. Modification of the existing residence? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Delivery Trucks? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Employees coming to the place of business? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Customers coming to the place of business? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Does this business generate any noise? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Explanation(s) or Notes:

Permission to operate a home based business will be withdrawn immediately if any violations occur.

Signature of Applicant(s) Date

Signature of Applicant(s) Date

*****POA OFFICE USE ONLY*****

Notes: _____

Notification Received: Notification Replied: Yes No

Signature of POA Agent Date