

THE UNIT OWNERS ASSOCIATION  
OF MARKET STREET AT TOWN CENTER

HOME OCCUPATION DISCLOSURE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Facsimile Number(s): \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Name of Business: \_\_\_\_\_

Nature of Business: \_\_\_\_\_  
\_\_\_\_\_

Business Hours: \_\_\_\_\_

Necessary Permits/Licenses Obtained? \_\_\_\_\_

If yes, attach legible copies.

Necessary Insurance Obtained? \_\_\_\_\_

If yes, attach proof of insurance.

Carrier(s) and Policy Number(s): \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I am compliant with all restrictions for home occupations as outlined in The Unit Owners Association of Market Street at Town Center Condominium, Policy Resolution No. 03-06: Home Occupation Policy, and have obtained the permits and/or licenses necessary to conduct my home-based business. I also certify that I have obtained and maintain insurance for my home-based business and that this insurance names the Association as an additional insured. I hereby release, indemnify, and hold harmless the Association and its past, present, and future members, directors, employees, agents, and independent contractors, from any and all claims, damages, demands or liabilities, suits, judgments, costs, and expenses, including attorney's fees, arising directly or indirectly from my conducting a business from my home located in Market Street at Town Center Condominium.

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