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: _____