

Department of the Army
US Army Garrison Schweinfurt
Schweinfurt, Germany 09033
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Human Resources

Home Based Business (HBB) Application Procedures

Summary. This regulation prescribes policies, procedures, and responsibilities for the United States Army Garrison Schweinfurt (USAG SWF) HBB application procedures. It defines the application process and responsibilities of supporting agencies in order to assist in the applicant in getting their packets approved.

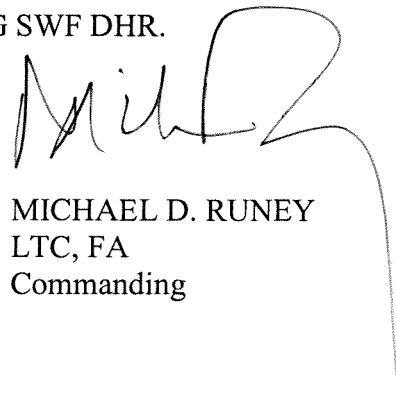
Applicability. This regulation applies to all Family members, Soldiers, Department of Defense (DoD) employees and other authorized individuals and agencies within USAG SWF. Violations of this regulation may subject offenders to appropriate administrative actions that are not limited to disciplinary action, loss of individual logistic support, denial of access to Army installations in Europe, or removal from housing.

Supplements. Supplements to this regulation are prohibited without prior approval from Directorate of Human Resources (DHR).

Interim changes. Interim changes to this regulation are not official unless the DHR authenticates them. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested improvements. This regulation's proponent agency is USAG SWF and users are invited to send comments to the USAG Schweinfurt, ATTN: Human Resources, APO AE 09033.

Distribution. This regulation is distributed through USAG SWF DHR.



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LTC, FA
Commanding

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CHAPTER 1 GENERAL

1-1. References.

- a. Army in Europe Regulation (AER) 210-70, On Post Commercial Solicitation, 5 July 2010
- b. Army Regulation 420-1, Army Facilities Management, 12 February 2008
- c. Army Regulation 210-70, Personal Commercial Solicitation on Army Installations, 18 October 2007

1-2 Purpose. This regulation establishes local policies, procedures and responsibilities for governing the USAG SWF HBB application process. This regulation will assist in providing guidelines and direction on how to obtain a HBB license and authorization for their business.

1-3 Home Based Businesses. An HBB is any private business conducted out of the home for profit. An HBB includes businesses where the services are performed or goods are sold outside of the home. An HBB also includes any business that arranges personal demonstrations of goods (cookware, candles, jewelry, etc), advises potential customers on the use of those goods, and solicits individual orders at social gatherings, even if orders are mailed directly from a wholesaler to the customers. An HBB also includes activities normally performed as a hobby if an individual, on a frequent and recurring basis, sells the goods produced or performs services for profit.

CHAPTER 2 RESPONSIBILITIES

a. Garrison commander--

(1) Will determine whether commercial solicitation will be permitted on the installation and is the sole approving authority for HBBs in the USAG SWF military community. Requests will be approved for a maximum of 2 years.

(2) May request additional background information prior to approving an application packet.

(3) Will inquire or direct an inquiry to alleged violations and consumer complaints.

(4) May deny, suspend, or revoke USAG SWF solicitation privileges or authority to operate an HBB when warranted.

(5) The garrison commander will deny, suspend, or withdraw the permission of a company and its agents to conduct commercial activities on the base if this action is in the best interests of the command.

b. Directorate of Human Resources (DHR) will--

(1) Provide or make available a copy of this regulation, AER 210-70 and the application materials.

(2) Review application packets for completeness, forward packet for a legal review and then route the packet to the Garrison Commander.

(3) Make recommendation to the garrison commander to deny, suspend, or revoke commercial solicitation privileges or authority to operate an HBB.

(4) Provide the applicant with the results of the commander's action and additional information as necessary.

(5) If denied, based on the attached information, provide ways on how to bring HBB into compliance.

c. Applicant will--

(1) Fill out application in its entirety.

(2) Obtain recommendation from Army, Air Force Exchange Services (AAFES) (see customer service at the main exchange on Ledward Barracks), Directorate of Family Morale, Welfare and Recreation (DFMWR) (building 206, Ledward Barracks, 3rd floor, phone 09721.96.6605) & Housing, (down the street from the Military Police station on Franz-Schubert Strasse 3, Building 251, 09721.96.6317).

(3) Go to the Host Nation Tax office with the application from appendix C. Locate at the Schweinfurt Rathaus in the marktplatz at Markt 1 96421, room 318, phone: 09721.51.3473 to obtain German business license & tax card. Please be sure to take at least 50 Euros for the license.

(4) Recognize that it may take up to 30 days for the packet to be reviewed and signed.

(5) Adhere to Host nation and Federal Laws and operate in compliance with established regulations.

(6) Not solicit door to door, hang signs for their business without approval, or solicit business at individuals work.

(7) Not use the military postal service to send or receive mail, merchandise or other materials connected with their HBB.

(8) Not purchase items from AAFES or the commissary for resale.

d. AAFES will--

(1) Review the packet materials and determine whether the product/services are offered by them

(2) Provide a written statement of concurrence or non concurrence within five (5) working days. If more time is needed, a request needs to be submitted by AAFES to the garrison commander. If non-concurring, provide detailed information regarding the reason for non-concurrence. If a response is not received within 5 working days, USAG SWF will assume AAFES concurs.

(3) Recognize that the garrison commander may grant commercial solicitation privileges or authorize the operation of an HBB even though the products or services are similar to those sold by AAFES.

e. DFMWR will--

- (1) Review packet materials and determine whether the product/services are offered by them.
- (2) Provide a written statement of concurrence or non concurrence within five (5) working days. If non-concurring, provide detailed information regarding the reason for non-concurrence. If a response is not received within 5 working days, USAG SWF will assume that DFMWR concurs.
- (3) Recognize that the garrison commander may grant commercial solicitation privileges or authorize the operation of an HBB even though the products or services are similar to those provided by DFMWR

f. Housing will--

- (1) Assess the impact of noise, parking, or other potential neighborhood problems.
- (2) Assess whether the business activities infringe on other tenants rights.
- (3) Assess the utility costs to the government and potentially determine if there needs to be a reimbursement plan for costs. This includes, but not limited to electricity, water, trash and recycling.
- (4) Provide a written statement of concurrence or non-concurrence within five (5) working days. If non-concurring, provide detailed information regarding the reason for non-concurrence. If a response is not received within 5 working days, USAG SWF will assume that housing concurs.

g. Legal will conduct a legal review and provide a written recommendation for the garrison commander.

CHAPTER 3 PROHIBITED ACTIVITIES

a. The following practices are prohibited--

- (1) Door to door solicitation of residents of Government owned or leased quarters if the residents have not made an appointment.
- (2) Unsolicited contacts made in person or telephone. You may contact current customers when responding to their requests for customer service.
- (3) Initiating contact to make appointments with or solicit military and civilian personnel who are on duty.
- (4) Contacting DoD personnel by calling a Government telephone, Government fax machine or sending an email to a Government address/computer, unless a relationship already exists between the parties and the DoD member has not asked for contact to be terminated.
- (5) Using a quasi-official title, such as "battalion--, USAG--, unit---, etc".

(6) Participating in any educational or orientation program or presentation that is sponsored by an Army unit or organization and discusses budgeting, estate planning, Government benefits, insurance, real estate, or savings.

(7) Selling goods or providing services not listed in the HBB application packet. If the HBB owner expands services or products the approved HBB application packet will need to be updated and receive new authorization.

(8) Other prohibited activities listed in the above referenced regulations.

b. Consequences. If found to not have an HBB license or failure to comply with obtaining a license once notified to do so, adverse action may occur. Adverse action includes, but is not limited to removal from housing, suspension of individual logistical support (AAFES, commissary, shoppettes, gas, etc), or early return of dependent.

CHAPTER 4 APPLICATION

a. USAG application--

(1) Business plan

(a) Cover page. Clearly print or type name, physical address, contact phone numbers, and email that we can contact you at and a basic overview of what services/goods will be provided.

(b) Part I applicant information. Clearly print or type the information requested. Working hours relates to the hours that the HBB will operate.

(c) Part II business details. In this section provide more information about the HBB. Circle what type of quarters you live in and provide the business address. Outline what the service/goods are, what makes it not available or different from what is already offered. Why there is a need? Etc. Make the sales pitch. If additional space is needed to outline the HBB details, this may be done by attaching a separate piece of paper behind this page.

(d) Part III neighbor/housing assessment. How does the HBB affect the neighbors? Will the HBB require parking? Will there be more traffic in the stairwell? Will the HBB increase the utilities usage? Will there be more recyclables or rubbish to dispose of? Make an evaluation of the usage and affect of the HBB location.

(e) Part IV permits. Living in Germany requires that an HBB owner obtains a German business license and tax card. This can be done through the Schweinfurt Rathaus in the marktplatz room 318. This section also asks about liability insurance. If your HBB is insured please provide the agency, type and renewal date for the insurance.

(f) Part V supplies & equipment. Where are the HBB materials coming from? Are they ordered from the states, purchased locally, purchased at AAFES or the commissary? How will they be received, military mail or host nation post office? For instance, cookware will be ordered from a catalog and shipped direct to the client through their military mail address.

(g) Part IV price list. List the HBB products and services with their cost. If products come from a catalog (Tupperware©, Scentsy ©, Pampered Chef ©, etc) attach the catalog, brochures

or other product materials. If the product or services are not listed and approved, they cannot be sold or provided.

(2) Stairwell/neighbor petition. The petition lets neighbors know that there will be an HBB in operation. It assists the owner in ensuring that neighbors are aware of what the HBB is, the details of the business and what the expected issues may be and answer any questions that a neighbor may have. If a neighbor moves and a new neighbor comes in, it is not necessary to submit a new packet, but do make contact letting the new tenant know about the HBB.

(3) AE Form 210-70A, Certificate of Understanding for U.S. Forces Family Members to Engage in Commercial Activities. Acknowledges understanding of rules regarding HBB.

(4) AE Form 210-70F, Application for U.S. Forces, Europe, Commercial Activity. This is the authorization form for HBB and commercial activities, which will become the final authorization once signed by the garrison commander. For German speakers, the second page has instructions in German to assist in filling out the form.

(5) From Family members of the U.S. Forces only, a photocopy of a valid passport and a photocopy of the Status of Forces Agreement identification certificate in the passport.

(6) HBB Checklist. The checklist ensures that everything necessary for the application process is complete and ready for submission to Administrative Services, building 206, room 104 on Ledward Barracks.

(7) Memorandums from AAFES, DFMWR and housing. There are request memorandums in appendix B to assist in obtaining the necessary coordination. The AAFES memorandum and application packet gets dropped off at the customer service location and the representative there can assist in routing. The DFMWR memorandum goes with the packet to DFMWR. DFMWR is located on Ledward barracks, building 206 on the 3rd floor. Once responses are given and the checklist and additional memorandums provided the entire packet is turned in to the Administrative Services Branch, DHR, building 204, room 104 Ledward Barracks.

(8) Copy of German business license and tax information. The application is appendix C and needs to be submitted at the Schweinfurt Rathaus, Markt 1, room 318 in the marktplatz.

(9) Copy of brochures, catalogs, flyers, pictures or other materials that show what the services and/or products are, to include a price list.

b. Once completed, submit all documents to the Administrative Services of DHR in building 206 Ledward Barracks, room 104, phone: 09721.96.1350/1770.



APPLICATION FOR HOME-BASED BUSINESS



PLEASE PRINT CLEARLY

NAME	
ADDRESS	
HOME TELEPHONE	
WORK TELEPHONE	
HOME/WORK TELEFAX	
E-MAIL	
TYPE OF SERVICES OFFERED	
AREA DESIRING TO SERVICE	US Army Garrison Schweinfurt

1. Complete above form and Home-Based Business (HBB) packet in full. If some information does not apply, please indicate by "N/A".
2. Leave application and a copy of your HBB packet with your local Garrison Commercial Affairs Officer for processing. The full process takes approximately 30 working days.
3. Bring with you to your appointment, a picture identification card.



**APPLICATION FOR HOME BASED BUSINESS
UNITED STATES ARMY GARRISON SCHWEINFURT**

Part I Applicant Information

Name	
Sponsor's Name	
Sponsor's Unit	
Sponsor's SSN	
Sponsor's Office Phone	
Mailing Address	
Quarters Address	
Housing Area/Bldg #/Apt #	
Home Phone & Fax Numbers	
Type Services Offered	
Working Hours	

Part II Business details

I LIVE IN (circle one)	Govt Quarters / Leased Quarters / GRHP Housing / Private Rental
	Address:
BUSINESS SYNOPSIS	Special service/product not being offered by another agency:

APPLICATION FOR HOME BASED BUSINESS (PAGE 2)			
<i>Part III Neighbor/Housing Assessment</i>			
HOW WILL YOUR HBB AFFECT THE FOLLOWING:			
Parking availability for neighbors			
Stairwell traffic			
Noise / Disturbance			
Estimated Usage of Utilities: Electricity/Water/Trash-recyclables disposal Etc.			
<i>Part IV Permits</i>			
Required Permits (circle)	German Business License / German Tax Card / Other (specify)		
Status of Permit (circle)	Requested	Approved	Disapproved Pending
Is a copy of Permit attached?	Yes	No	
Do you have liability insurance?			
<i>Part V Supplies & Equipment</i>			
Materials for HBB supplied by: Where do they come from?			
How will supplies will be received: APO/Host Nation Mail box/ Purchased from-etc.			
Plan for disposal of hazardous materials (if applicable)			
Special equipment required			
<i>Part VI Price List</i>			
Product/Service	Price	Product/Service	Price

Appendix 1 (HHB Application) Commercial Solicitation and Home Based Business Standard Operating Procedures



PETITION FOR OPERATION OF HOME-BASED BUSINESS

I, as a tenant of the same building/stairwell in which _____ resides, acknowledge and accept the operation of his/her business. _____ has Explained his/her business in detail with me and has agreed to keep his/her traffic and noise levels to a minimum, acceptable to all tenants in this building/stairwell.

AGREEMENT OF THE ABOVE IS ACKNOWLEDGED BY MY SIGNATURE BELOW.

PRINTED NAME _____ DATE _____

SIGNATURE _____

PRINTED NAME _____ DATE _____

SIGNATURE _____

PRINTED NAME _____ DATE _____

SIGNATURE _____

PRINTED NAME _____ DATE _____

SIGNATURE _____

PRINTED NAME _____ DATE _____

SIGNATURE _____

PRINTED NAME _____ DATE _____

SIGNATURE _____

PRINTED NAME _____ DATE _____

SIGNATURE _____

PRINTED NAME _____ DATE _____

SIGNATURE _____

FOR OFFICIAL USE ONLY

**CERTIFICATE OF UNDERSTANDING
FOR U.S. FORCES FAMILY MEMBERS TO ENGAGE IN COMMERCIAL ACTIVITIES
(AE Reg 210-70)**

1. I have read and understand AR 210-7 and AE Regulation 210-70. I understand that a violation of these regulations could result in the withdrawal of my commercial activity privileges. Furthermore, I understand the following limitations on my commercial activities and certify that I will comply with these limitations:

- a. I will not use the Military Postal Service to send or receive mail or merchandise connected with my commercial activities.
- b. I will use neither a U.S. Forces-plated vehicle nor tax-free gasoline in any vehicle connected with my commercial activities.
- c. I will not use my duty-free import privileges to import any merchandise, advertising material, or other items to be used in connection with my commercial activities.
- d. I will not use any portion of Government-owned or -leased quarters as a factory or workshop for the production of goods for commercial resale. Furthermore, I will not use Government-owned or -leased quarters as business premises, showroom, store, or storage area for goods intended for commercial resale.
- e. I will not take legal title to merchandise for commercial resale to comply with this regulation while, in fact, allowing any unauthorized company or person (including active duty U.S. military personnel and DOD civilians limited by DOD 5500.7-R) to operate a commercial enterprise under the guise of my commercial activity privileges.
- f. I will not employ or use the services of active duty U.S. military personnel or DOD civilians contrary to the provisions of DOD 5500.7-R as agents, brokers, or salespersons in the operation of a commercial activity.
- g. I will not lend, reproduce, or alter my letter of authorization.
- h. I will not use any type of official identification document, other than my letter of authorization, AE Form 210-70F, or AE Form 210-70G to gain access to Army installations for the purpose of commercial activities.
- i. I will comply with the provisions of AE Regulation 210-70 and in particular the following:
 - (1) I will not solicit door-to-door on Army installations, including Government-owned or -leased housing, except at the personal invitation of an individual residing in the area.
 - (2) I will not solicit or make appointments with military personnel in barracks and dayrooms or when they are on duty, nor will I solicit civilian employees during duty hours.

2. Additionally, I am aware that--

- a. I am required by local law to register my business activity with host-nation authorities and apply for any necessary permits or licenses.
- b. The requirement to register my business with host-nation authorities and pay taxes to host-nation tax authorities does not negate the requirement to report any income I derive from that same business to the U.S. Internal Revenue Service.
- c. At the end of the calendar year or 8 weeks before leaving the host nation, whichever occurs first, I must report to host-nation tax authorities for assessment and collection of any tax due.
- d. Issuance of my letter of authorization, AE Form 210-70F, or AE Form 210-70G does not in itself entitle me to engage in commercial activities on any Army installation. I must apply to local installation commanders to solicit and otherwise engage in commercial activities on installations under their jurisdiction.
- e. Issuance of my letter of authorization, AE Form 210-70F, or AE Form 210-70G does not entitle me to any type of logistic support from the United States Government aside from my entitlement to logistic support as a Family member.
- f. If my commercial activity privileges are withdrawn or suspended, I must return my letter of authorization, AE Form 210-70F, or AE Form 210-70G to the appropriate issuing authority within 7 days after receipt of notification of the withdrawal or suspension notice.
- g. Commanders have the discretionary prerogative of restricting or prohibiting commercial activities on installations under their jurisdiction.
- h. I must become familiar with and understand commercial activity regulations issued by appropriate headquarters and installation commanders.
- i. Violations or noncompliance with commercial activity regulations may result in the withdrawal of my privileges to engage in commercial activities in the Army in Europe areas of responsibility.

- 3. I further understand that a violation of the provisions of this certificate of understanding may result in the withdrawal of my commercial activity privileges.
- 4. I also understand that my commercial activities are subject to the customs, business registrations, and tax laws of the host nation where I seek to do business. In this regard, it is understood that my commercial activities may require the advice of local attorneys and possible Government customs officials to ensure my business activities are in compliance with local law.
- 5. I understand my contracts are governed by the requirements of the host-nation law. I will inform the personnel whom I contract that host-nation law applies.

Printed name	Date (YYYYMMDD)	Signature

APPLICATION FOR UNITED STATES FORCES, EUROPE, COMMERCIAL ACTIVITY AUTHORIZATION (AE Reg 210-70)		<input type="checkbox"/> Initial application	Category (check all that apply)			
		<input type="checkbox"/> Annual reissue	Solicitor individual <input type="checkbox"/>			
			Family member solicitor <input type="checkbox"/>			
Data required by the Privacy Act of 1974						
<p>Authority: 10 USC 3012.</p> <p>Principal purpose(s): All information, to include SSN, is used to determine eligibility for commercial activity authorization on Army installations in Europe and is necessary for the conduct of criminal and intelligence files checks.</p> <p>Routine use(s): Passport number, name, address, date of birth, height, weight, color hair/eyes, current employer, and address are required in order to authorize commercial solicitation. A copy of this form is sent to Commander, U.S. Army Central Personnel Security Clearance Facility (PCCF-PR), Fort Meade, MD 20755-5250, and used as a basis for conducting intelligence files checks. The Office of the Provost Marshal, HQ USAREUR/7A, also uses this form as the basis for conducting criminal investigations. These forms are filed and destroyed 3 years after termination of the Army in Europe commercial activity authorization. Other routine uses are listed in 40 Federal Register 35151.</p> <p>Mandatory or voluntary disclosure and effect on individual not providing information: Information is mandatory if the individual applicant desires to be issued commercial activity authorization.</p>						
1. Name		2a. Sex	2b. Height	2c. Weight	2d. Color hair	2e. Color eyes
3. Citizenship		4. SSN		5. Passport number and country of issuance		
6a. Current employer/company name			6b. President of company			
6c. European address, country, and telephone number			6d. State address of business and telephone number			
7a. Street and number		7. Business address of applicant		7c. Telephone number		
		7b. City and country				
8a. Street and number		8. European home address of applicant		8c. Telephone number		
		8b. City and country				
9a. Né(e)	9b. Date married (YYYYMMDD)	10a. Aliases		10b. Dates used		
11. DOB (YYYYMMDD)	12. Place of birth (city, state, country)		13. Occupation of spouse			
14. Former residences (city, state, and country for the last 15 years) (For additional space, use plain, white paper.)				Dates (MMM YYYY)		
				From	To	
15. Article or service to solicit						
16. Have you ever been discharged or forced to resign from any position for misconduct or unsatisfactory service? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain in remarks section.)						
17. Military service (Indicate service number, date of separation, type of discharge, and present status (for example, retired, Reserve).)						
18. List method sale			19. Remarks (For additional space, use plain, white paper.)			
<input type="checkbox"/> Bazaar <input type="checkbox"/> Individual						
<input type="checkbox"/> Concessionaire <input type="checkbox"/> Other						
20. Date			21. Signature of applicant			

USAREUR HANDELSGENEHMIGUNGSANTRAG

Wenn Sie über keine Englischkenntnisse verfügen, füllen Sie bitte den umstehenden Antrag in deutscher Sprache aus.

Kategorie: (Zutreffendes bitte ankreuzen)

- Erstantrag
- jährliche Neuausstellung

- Nicht-Armeeangehörige(r)
- Familienangehörige(r)

1. Familienname, Vorname(n) (bitte ausschreiben)
- 2a. Geschlecht 2b. Größe 2c. Gewicht 2d. Haarfarbe 2e. Augenfarbe
3. Staatsangehörigkeit
4. Sozialversicherungsnummer
5. Ausweisdokument und ausstellende Behörde
- 6a. Gegenwärtiger Arbeitgeber 6b. Vorstandsvorsitzender der Firma 6c. Anschrift in Europa, Land, Telefonnummer 6d. Geschäftsanschrift in den USA, Telefonnummer
7. Geschäftsanschrift des Antragstellers 7a. Straße und Hausnummer 7b. Stadt, Land 7c. Telefonnummer
8. Privatanschrift in Europa 8a. Straße und Hausnummer 8b. Stadt, Land 8c. Telefonnummer
- 9a. Geburtsname 9b. Verheiratet seit (JJJJMMTT)
- 10a. Andere benutzte Namen 10b. Wann benutzt?
11. Geburtsdatum (JJJJMMTT)
12. Geburtsort (Stadt, Land)
13. Beruf des Ehepartners
14. Frühere Wohnorte während der letzten 15 Jahre (Bitte Stadt und Land sowie Zeitraum [Monat, Jahr] angeben). (Sollte der Platz nicht reichen, bitte ein separates Blatt verwenden.)
15. Verkaufsartikel oder Dienstleistung der Firma
16. Wurden Sie jemals wegen eines schweren Verbrechens oder eines Vergehens festgenommen, vor Gericht gestellt, angeklagt oder verurteilt? (Hierunter fallen der Verkauf oder Besitz von Drogen, Fälschung oder falsche Darstellung, Diebstahl, tätliche Angriffe sowie jede andere Straftat, an der US-Militärangehörige oder deren Familienangehörige beteiligt waren und die sich auf Ihre Eignung für die Erteilung einer Handelsgenehmigung zum Verkauf an Angehörige der US-Streitkräfte und ihre Angehörigen auswirkt.)
Ja Nein
17. Militärdienst (Anzugeben sind Dienstnummer, Ausscheidungsdatum, Art der Entlassung und gegenwärtiger Status (z. B. Ruhestand, Reserve.)
18. Angabe der Vertriebsart:
 Basar Privatverkauf
 Konzessionsinhaber Sonstige (genaue Bezeichnung)
19. Anmerkungen (Sollte der Platz nicht reichen, bitte ein separates Blatt verwenden.)
20. Datum
21. Unterschrift des Antragstellers

FOR USE BY THE APPROVING AGENCY ONLY

Permit number	Issue date (YYYYMMDD)	Expiration date (YYYYMMDD)
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Date	Name of approving official	Signature
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APPENDIX A

Please attach a copy of your product/price list, pictures, brochures, pamphlets or other business materials to the packet.

USAG SCHWEINFURT HOME BASE BUSINESS CHECKLIST				
DATE	INITIAL	QUESTIONS	YES	NO
		<p>1. Is the applicant a military personnel or DoD Civilian employee?</p> <p>If so, which _____ 1a4</p>		
		<p>2. Is the applicant an appropriated or non-appropriated funded employee or an employee of some other government agency? 1a4</p>		
		<p>3. Is there a commercial item or product to be sold? 1a5</p>		
		<p>4. Is the business to take place in government controlled areas? 1a5</p>		
		<p>5. Are the items/products similar to those sold by AAFES? 7c</p>		
		<p>6. Are there pictures, brochures, pamphlets and other business materials attached to the packet?</p>		
		<p>7. Did AAFES concur or non-concur with this packet? (concurrence must be obtained in writing from AAFES)</p> <p>(Note: If non concur, please provide an explanation and attach to the checklist)</p>		
		<p>8. Did DFMWR concur or non-concur with this packet? (concurrence must be obtained in writing from DFMWR)</p> <p>(Note: If non concur, please provide an explanation and attach to the checklist)</p>		
		<p>9. Is applicant 18 years or older?</p>		
		<p>10. Is the applicant a family member of U.S. forces military personnel or civilian employee?</p> <p>a. Does the applicant live in government housing/lease or GHRP housing?</p> <p>b. Will items be displayed, stored, or sold in the above housing?</p>		
		<p>11. Will applicant be using USAREUR registered POV and/or tax-free gasoline for the operation of the business? 8b2</p>		
		<p>12. Will applicant be using the APO to send/ receive parcels or any other correspondence related to conducting their business?</p>		
		<p>13. To operate the business, will military personnel or civilian employees be employed or used as agent, brokers, or salesperson on behalf of the business? If so Which?</p> <p>_____</p>		
		<p>14. Did housing concur or noncur with this packet? (concurrence must be obtained in writing from DFMWR)</p> <p>(Note: If non concur, please provide an explanation and attach to the checklist.)</p>		



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON SCHWEINFURT
UNIT 25850, BOX 11
APO AE 09033

IMSW-HR

MEMORANDUM THRU Administrative Services Branch, USAG Schweinfurt

FOR Commander, USAG Schweinfurt

SUBJECT: Request to Operate a Home-Based Business (HBB)

1. I request authorization to operate a Home-Based Business (HBB) in my quarters.

a. Type of business: _____

b. Name of business: _____

c. Home telephone number: _____

d. Address and location of quarters: _____

2. Enclosures:

- a. Business plan application.
- b. Host nation business license & tax number or letter of exemption
- c. Photocopy of Status of Forces Agreement identification certificate
- d. AE Form 210-70A
- e. Memorandums from AAFES, DFMWR & Housing
- f. Product/Services pictures, brochures, catalogs etc.

6 Encls

Signature of HBB Owner

Printed Name of HBB Owner



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON SCHWEINFURT
UNIT 25850, BOX 11
APO AE 09033

IMSW-HR

MEMORANDUM FOR Manager, Army and Air Force Exchange Service (AAFES), USAG Schweinfurt.

SUBJECT: Coordination Request for a Home-Based Business (HBB)

1. I, _____ am requesting to operate an HBB in my quarters. I am planning on providing the following:

a. Type of business: _____

b. Name of business: _____

c. Products/Services to be provided: _____
Please see attached product/services details

d. Address: _____

2. Army in Europe Regulation 210-70 requires prior coordination with AAFES.

3. Attached is the application, business plan, product/service details with prices or estimated prices.

4. Please return the enclosures with your written response. If the proposal is denied please provide details so that the information can be forwarded with the packet.

5. My contact information is _____.

Signature of HBB Owner

Printed Name of HBB Owner

I concur / non-concur with this request
Non-concurrence requires an explanation

AAFES MANAGER



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON SCHWEINFURT
UNIT 25850, BOX 11
APO AE 09033

IMSW-HR

MEMORANDUM FOR Manager, Director, Community Activities (FMWR)

SUBJECT: Coordination Request for Operate a Home-Based Business (HBB)

1. I, _____ am requesting to operate an HBB in my quarters. I am planning on providing the following:

a. Type of business: _____

b. Name of business: _____

c. Products/Services to be provided: _____
Please see attached product/services details

d. Address: _____

- 2. Army in Europe Regulation 210-70 requires prior coordination with FMWR Activities.
- 3. Attached is the application, business plan, product/service details with prices or estimated prices.
- 4. Please return the enclosures with your written response. If the proposal is denied please provide details so that the information can be forwarded with the packet.
- 5. My contact information is _____.

Signature of HBB Owner

Printed Name of HBB Owner

I concur / non-concur with this request
Non-concurrence requires an explanation

DFMWR Director



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON SCHWEINFURT
UNIT 25850, BOX 11
APO AE 09033

IMSW-HR

MEMORANDUM FOR Manager, Housing Office, USAG Schweinfurt

SUBJECT: Coordination Request for Operate a Home-Based Business (HBB)

1. I, _____ am requesting to operate an HBB in my quarters. I am planning on providing the following:
 - a. Type of business: _____
 - b. Address: _____
2. Army in Europe Supplement 1 to AR 420-1, Army Facilities Management, paragraph 3-17 outlines guidelines that I must follow.
3. Attached is the application, business plan, product/service details. Please review for your response.
4. In considering approval of the attached HBB packet, please verify for command that the following conditions have been met:
 - a. The business will not create noise, parking, or other neighborhood problems.
 - b. The business will not infringe on other tenants' rights.
 - c. There will not be excessive use of Government resources (electricity, water, trash-recyclables, etc).
5. Please return the enclosures with your written response. If the proposal is denied please provide details so that the information can be forwarded with the packet.
6. My contact information is _____.

Signature of HBB Owner

Printed Name of HBB Owner

I concur / non-concur with this request
Non-concurrence requires an explanation

Housing Manager

Name of municipality receiving registration		Municipality code no. for permanent establishment		GewA 1	
Registration of business pursuant to Section 14 / Section 55c of the Trade Regulation Act				Please complete this form fully and legibly, crossing the relevant boxes	
Details of the business owner <small>In the case of non-incorporated firms (e.g. OHGs), a separate form must be completed by each managing partner. In the case of legal persons, the legal representative should be cited in fields 3-9 and fields 30-31 (in the case of a domestic AG, these data are not required). The details of additional legal representatives to be cited under these numbers should be provided on extra sheets as necessary.</small>					
1 Name entered in the Commercial Register Register of Co-operatives or Register of Associations citing legal structure (if necessary in case of GbR: details of the other shareholders)			2 Place and no. of entry in register		
Personal data					
3 Surname		4 Given names		4a Gender male <input type="checkbox"/> female <input type="checkbox"/>	
5 Name at birth (if different from surname)		6 Date of birth	7 Place and country of birth		
8 Nationality(ies) German <input type="checkbox"/>		other: <input type="checkbox"/>			
9 Residential address (street, house no., postcode, place; optional: Email/web)					
Tel. no.		Fax no.			
Details of the business					
10 Number of managing partners (only in case of non-incorporated companies) / Number of legal representatives (only in case of legal persons)					
11 Persons/managers authorised as representatives (only in case of domestic AGs, branches and dependent branches)					
Surname, given names					
Addresses (street, house no., postcode, place)					
12 Permanent establishment					
Tel. no.		Fax no.		optional: Email/web	
13 Principal establishment (if permanent establishment is merely branch)					
Tel. no.		Fax no.		optional: Email/web	
14 Former permanent establishment					
Tel. no.		Fax no.		optional: Email/web	
15 Registered activity - if necessary use extra sheet (give precise description: e.g. manufacture of furniture, electrical installations and electronic retail, food wholesale, etc.; in case of several activities, please underline main activity)					
16 Is the business (initially) being run as a sideline? Yes <input type="checkbox"/> No <input type="checkbox"/>			17 Date of commencement of registered activity		
18 Type of business registered Industry <input type="checkbox"/> Crafts <input type="checkbox"/> Trade <input type="checkbox"/> Other <input type="checkbox"/>					
19 Number of persons active when business activity commenced (excluding owner) Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> None <input type="checkbox"/>					
The registration applies to		20 a principal establishment <input type="checkbox"/>		a branch <input type="checkbox"/> a dependent branch <input type="checkbox"/>	
		21 a business installing vending machines <input type="checkbox"/>			
		22 an itinerant trader <input type="checkbox"/>			
Reason		23 24 New establishment/ take-over <input type="checkbox"/>		New start-up <input type="checkbox"/>	
		Change of legal structure <input type="checkbox"/>		Re-opening following relocation from a different district of registration <input type="checkbox"/>	
		Admission of partner <input type="checkbox"/>		Founding of business pursuant to the Reorganisation Act (e.g. merger, split) <input type="checkbox"/>	
				Inheritance/purchase/lease <input type="checkbox"/>	
26 Name of former operator or former business name					
If the business owner requires a licence/permit to work in the registered field of activity, has to be entered into the Roll of Craftsmen, or is a foreigner:					
28 Does a licence/permit exist? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, date of issue and issuing authority:					
29 Only for craft-based firms Does a craft card exist? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, date of issue and name of chamber of crafts:					
30 Does a residence permit exist? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, date of issue and issuing authority:					
31 Is the residence permit subject to a condition or restriction? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, it contains the following conditions or restrictions:					
Note: This notification does not entitle the applicant to commence commercial operations if a licence, permit or entry in the Roll of Craftsmen is still required. Violations can be punished by a fine or imprisonment. This notification is not a licence or permit to establish a permanent establishment under planning and construction law.					
32 (Date)		33 (Signature)			