

HOME BASED BUSINESS SEMINAR



Our mission is to provide Soldiers, Civilians and their Families with a quality of life commensurate with the quality of their service.

We are the Army's Home

Home Based Business Seminar



References

- ❖ **AR 210-7, dated 18 October 2007**

Personal Commercial Solicitation on Army Installations

- ❖ **AE Regulation 210-70, dated 5 July 2010**

On-Post Commercial Solicitation

- ❖ **Policy Memorandum 1-8, dated 14 February 2012**

Home Based Business Activities, On-Post Commercial Solicitation and Advertising

- ❖ **SW Regulation 210-70-1, dated 27 Feb 2012**

Home Based Business (HBB) Application Procedure

- ❖ **AE Form 210-70A, dated July 2010**

Certificate of Understanding for U.S. Forces Family Members to Engage in Commercial Activities

Home Based Business Seminar



Procedures

- ❖ The Garrison Commander is the sole approving authority and will determine whether commercial solicitation or home based business activities will be permitted on any installation within the USAG Schweinfurt Area of Responsibility and will approve requests that comply with AE Regulation 210-70 and SWR 210-70-1.
- ❖ Application packets can be obtained from the USAG Schweinfurt website or from the Directorate of Human Resources, building 206, room 104.
- ❖ Application packets will be reviewed by legal for compliance with regulation and services. The legal advisor will make a recommendation and if disapproved provide the steps to bring the packet into compliance.
- ❖ Application packets will be reviewed by AAFES-Europe and Family Morale, Welfare and Recreation (FMWR). AAFES and FMWR will review application packets to determine if the goods or services are already available and make recommendations to the Garrison Commander.
- ❖ Companies and individuals must show written documentation that they are in compliance with host nation laws and regulations regarding business licenses and work permits needed to engage in a trade or business.

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Procedures

- ❖ Individuals may be held personally liable for payment of all host nation taxes and fees arising from their commercial enterprise.

- ❖ Military personnel and Department of Defense (DoD) civilian employees may not directly or indirectly represent, be employed by, or act as an agent for any company or individual engaged in commercial solicitation or home-based business on a USAG Schweinfurt installation, to include government-owned or leased housing regardless of compensation. Military personnel and DoD civilian employees must comply with applicable federal and DoD regulations before engaging in outside paid employment. All employees, representatives, and agents of commercial enterprises must be at least 18 years old.

- ❖ Permissible goods and services. Generally, goods and services that are not available from AAFES-Europe and other agencies on post will be authorized. However, permission to operate an HBB may be granted even though the products and services are available. AAFES-Europe and FMWR will state the availability of the goods and services and make recommendations to the Garrison Commander.

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Procedures

- ❖ Prohibited activities. The following solicitation practices are specifically prohibited within the USAG Schweinfurt AOR:
- ❖ Door-to-door soliciting. Solicitation of any type of business activity from anyone residing in government-owned or government-leased quarters without prior personal invitation is prohibited.
- ❖ Unsolicited contacts made in person or by telephone.
- ❖ Making appointments with or soliciting military or civilian personnel during their duty hours.
- ❖ Distributing, displaying or placing advertising materials on the installation, in offices, at residences (to include in post boxes) or on vehicles without prior written authorization from the installation Commander or the Installation Access Control Office.
- ❖ Other prohibited activities listed in section 2, paragraph 8, AE Regulation 210-70.
- ❖ Individuals or organizations desiring to display signs and banners of a non-advertising nature must adhere to the Garrison Sign Policy, Policy Letter 6-9.

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Directorate of Human Resources will:

- ❖ Provide or make available a copy of AER 210-70 and the application materials.
- ❖ Review application packets for completeness, forward packet for a legal review and then route the packet to the Garrison Commander.
- ❖ Make recommendation to the Garrison Commander to deny, suspend, or revoke commercial solicitation privileges or authority to operate an HBB.
- ❖ Provide the applicant with the results of the Commander's action and additional information as necessary.
- ❖ If denied, based on the attached information, provide ways on how to bring HBB into compliance.

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The Applicant will:

- ❖ Fill out application in its entirety.
- ❖ 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, Franz-Schubert Strasse 3, Building 251, 09721.96.6317).
- ❖ Go to the Host Nation Tax office with the application found in appendix C, located at the Schweinfurt Rathaus on the Marktplatz, at Markt 1, 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.
- ❖ Recognize that it may take up to 30 days for the packet to be reviewed and signed.
- ❖ Adhere to Host Nation and Federal laws and operate in compliance with established regulations.

APPLICATION FOR HOME BASED BUSINESS



APPLICATION FOR HOME-BASED BUSINESS



PLEASE PRINT PLAINLY

NAME	
ADDRESS	
HOME TELEPHONE	
WORK TELEPHONE	
HOME/WORK TELEFAX	
E-MAIL	
TYPE 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 Home-Based Business (HBB) packet with your local Garrison Commercial Affairs Officer for processing. The full process takes approximately 30 Working days so please have patience.
3. Bring with you to your appointment, a photographed identification card.

APPLICATION FOR HOME BASED BUSINESS



REPLY TO
EXTENSION OF

DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON SCHWEINFURT
UNIT 28850, BOX 11
APO AE 98033

IMSW-HR

MEMORANDUM THRU Directorate of Human resources Administration Service, 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, DFMR & Housing
- f. Product/Services pictures, brochures, catalogs etc.

6 Encls

Signature of HBB Owner

Printed Name of HBB Owner

APPLICATION FOR HOME BASED BUSINESS



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

APPLICATION FOR HOME BASED BUSINESS



REPLY TO
ATTENTION: DP

DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON SCHWEINFURT
UNIT 23830, BOX 11
APO AE 99033

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



APPLICATION FOR HOME BASED BUSINESS



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

APPLICATION FOR HOME BASED BUSINESS



	
APPLICATION FOR HOME BASED BUSINESS UNITED STATES ARMY GARRISON SCHWEINFURT	
<i>Part I</i>	
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	
<i>Part II</i>	
I LIVE IN (circle one)	Govt Quarters / Leased Quarters / GRHP Housing / Private Rental
BUSINESS SYNOPSIS	
Special service/product not being offered by another agency:	

APPLICATION FOR HOME BASED BUSINESS



APPLICATION FOR HOME BASED BUSINESS (PAGE 2)	
<i>PART III</i>	
HOW WILL YOUR HBB AFFECT THE FOLLOWING:	
Parking availability for neighbors	
Stairwell traffic	
Noise / Disturbance	
Usage of Electricity/Water/Etc.	
<i>Part IV</i>	
Special Permits Required (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 Why not?
Do you have liability insurance?	
<i>Part V</i>	
Materials for HBB supplied by	
Supplies will be received	
Disposal of hazardous materials:	
Special equipment required	
<i>Part VI</i>	
Estimated Price List	

APPLICATION FOR HOME BASED BUSINESS





USAG SCHWEINFURT HOME BASE BUSINESS CHECKLIST				
DATE	INITIAL	QUESTIONS	YES	NO
		1. Is the applicant a military personnel or DoD Civilian employee? If so, which _____ 1a4		
		2. Is the applicant an appropriated or non-appropriated funded employee or an employee of some other government agency? 1a4		
		3. Is there a commercial item or product to be sold? 1a5		
		4. Is the business to take place in government controlled areas? 1a5		
		5. Are the items/products similar to those sold by AAFES? 7c		
		6. Did AAFES concur or non-concur with this packet? (concurrence must be obtained from AAFES) (Note: If no concur, please provide an explanation and attach to the checklist)		
		7. Did DFMWR concur or non-concur with this packet? (concurrence must be obtained from DFMWR) (Note: If non concur, please provide an explanation and attach to the checklist)		
		8. Is applicant over the age of 18? 8a1		
		9. Is the applicant a family member of U.S. forces military personnel or civilian employee? a. Does the applicant live in government housing/lease or GHRP housing? b. Will items be displayed, stored, or sold in the above housing?		
		10. Will applicant be using USAREUR registered POV and/or tax-free gasoline for the operation of the business? 8b2		
		11. Will applicant be using the APO to send receive parcels or any other correspondence related to conducting their business?		
		12. 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? _____		

APPLICATION FOR HOME BASED BUSINESS



Appendix 1 (HHB Application) to 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 _____

FOR OFFICIAL USE ONLY

APPLICATION FOR HOME BASED BUSINESS



APPLICATION FOR UNITED STATES FORCES, EUROPE, COMMERCIAL ACTIVITY AUTHORIZATION (AE Reg 210-70)		<input type="checkbox"/> Initial application <input type="checkbox"/> Annual reissue	Category (check all that apply) Solicitor individual <input type="checkbox"/> Family member solicitor <input type="checkbox"/>		
Data required by the Privacy Act of 1974 Authority: 10 USC 3012. 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. 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 20715-5259, 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. 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.					
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			

APPLICATION FOR HOME BASED BUSINESS



USAREUR HANDELSGENEHMIGUNGSANTRAG											
<i>Wenn Sie über keine Englischkenntnisse verfügen, füllen Sie bitte den umstehenden Antrag in deutscher Sprache aus.</i>											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><input type="checkbox"/> <i>erstantrag</i></p> <p><input type="checkbox"/> <i>jährliche Neuausstellung</i></p> </div> <div style="width: 45%;"> <p><i>Kategorie: (Zutreffendes bitte ankreuzen)</i></p> <p><i>Nicht-Armooangehörige(r)</i> <input type="checkbox"/></p> <p><i>Familienangehörige(r)</i> <input type="checkbox"/></p> </div> </div>											
<p>1 <i>Familienname, Vorname(n) (bitte ausschreiben)</i></p> <p>2a <i>Geschlecht</i> 2b <i>Größe</i> 2c <i>Gewicht</i> 2d <i>Haarfarbe</i> 2e <i>Augenfarbe</i></p> <p>3 <i>Staatsangehörigkeit</i></p> <p>4 <i>Sozialversicherungsnummer</i></p> <p>5 <i>Ausweisdokument und ausstellende Behörde</i></p>											
<p>6a <i>Gegenwärtiger Arbeitgeber</i> 6b <i>Vorstandsvorsitzender der Firma</i> 6c <i>Anschrift in Europa, Land, Telefonnummer</i> 6d <i>Geschäftsanschrift in den USA, Telefonnummer</i></p> <p>7 <i>Geschäftsanschrift des Antragstellers</i> 7a <i>Straße und Hausnummer</i> 7b <i>Stadt, Land</i> 7c <i>Telefonnummer</i></p> <p>8 <i>Privatanschrift in Europa</i> 8a <i>Straße und Hausnummer</i> 8b <i>Stadt, Land</i> 8c <i>Telefonnummer</i></p> <p>9a <i>Geburtsname</i> 9b <i>Verheiratet seit (JJJJMMTT)</i></p> <p>10a <i>Andere benutzte Namen</i> 10b <i>Wann benutzt?</i></p> <p>11 <i>Geburtsdatum (JJJJMMTT)</i></p> <p>12 <i>Geburtsort (Stadt, Land)</i></p> <p>13 <i>Beitrag des Ehepartners</i></p> <p>14 <i>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.)</i></p> <p>15 <i>Verkaufsartikel oder Dienstleistung der Firma</i></p> <p>16 <i>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.)</i></p> <p style="text-align: center;">Ja <input type="checkbox"/> Nein <input type="checkbox"/></p> <p>17 <i>Militärdienst (Anzugeben sind Dienstnummer, Ausscheidungsdatum, Art der Entlassung und gegenwärtiger Status (z. B. Ruhestand, Reserve.))</i></p> <p>18 <i>Angabe der Vertriebsart:</i></p> <div style="display: flex; justify-content: space-between;"> <p><input type="checkbox"/> <i>Basar</i></p> <p><input type="checkbox"/> <i>Privatverkauf</i></p> <p><input type="checkbox"/> <i>Konzessionsinhaber</i></p> <p><input type="checkbox"/> <i>Sonstige (genaue Bezeichnung)</i></p> </div> <p>19 <i>Anmerkungen (Sollte der Platz nicht reichen, bitte ein separates Blatt verwenden.)</i></p> <p>20 <i>Datum</i></p> <p>21 <i>Unterschrift des Antragstellers</i></p>											
FOR USE BY THE APPROVING AGENCY ONLY											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 2px;">Permit number</td> <td style="width: 33%; padding: 2px;">Issue date (YYYYMMDD)</td> <td style="width: 33%; padding: 2px;">Expiration date (YYYYMMDD)</td> </tr> <tr> <td colspan="3" style="text-align: center; padding: 2px;">Approving authority</td> </tr> <tr> <td style="padding: 2px;">Date</td> <td style="padding: 2px;">Name of approving official</td> <td style="padding: 2px;">Signature</td> </tr> </table>			Permit number	Issue date (YYYYMMDD)	Expiration date (YYYYMMDD)	Approving authority			Date	Name of approving official	Signature
Permit number	Issue date (YYYYMMDD)	Expiration date (YYYYMMDD)									
Approving authority											
Date	Name of approving official	Signature									
<p>AE FORM 210-70F, JAN 10 Vers. 01.00 Page 2 of 2</p>											

AE Form 210-70A, dated July 2010



CERTIFICATE OF UNDERSTANDING FOR U.S. FORCES FAMILY MEMBERS TO ENGAGE IN COMMERCIAL ACTIVITIES (AE Reg 210-70)		
<p>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:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> (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. 	<p>2. Additionally, I am aware that--</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>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.</p> <p>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.</p>	
Printed name	Date (YYYYMMDD)	Signature

AE FORM 210-70A, JUL 10

Previous editions are obsolete.

Vers. 01.00 Page 1 of 1

Home Based Business Seminar



Limitations on my commercial activities

- ❖ I will not use the Military Postal Service to send or receive mail or merchandise connected with my commercial activities.
- ❖ I will use neither a U.S. Forces-plated vehicle nor tax-free gasoline in any vehicle connected with my commercial activities.
- ❖ I will not use duty-free import privileges to import any merchandise, advertising material, or other items to be used in connection with my commercial activities.
- ❖ 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.
- ❖ I will not take legal title to merchandise for commercial resale to comply with the 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, Joint Ethics Regulation) to operate a commercial enterprise under the guise of my commercial activity privileges.
- ❖ I will not employ or use the services of active duty U.S. military personnel and DOD civilians limited by DOD 5500.7-R, Joint Ethics Regulation as agents, brokers, or salespersons in the operation of commercial activity.

Home Based Business Seminar



Limitations on my commercial activities

- ❖ I will not lend, reproduce, or alter my letter of authorization.
- ❖ 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 will comply with the provisions of AE Regulation 210-70 and in particular the following:
 - 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.
 - 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.

NOTE: Violations of these limitations per AR 201-7 and AE Regulation 210-70 could result in the withdrawal of commercial activity privileges.

Home Based Business Seminar



Requirements on my commercial activities

- ❖ I am required by Host Nation Law to register my business activity with Host Nation authorities and apply for any necessary permits or licenses.
- ❖ 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.
- ❖ 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.
- ❖ 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.
- ❖ 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.
- ❖ 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.

Home Based Business Seminar



Requirements on my commercial activities

- ❖ Commanders have the discretionary prerogative of restricting or prohibiting commercial activities on installations under their jurisdiction.
- ❖ I must become familiar with and understand commercial activity regulations issued by appropriate headquarters and installation Commanders.
- ❖ 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.
- ❖ Commercial activities are subject to the customs, business registrations, and tax laws of the Host Nation where I seek to do business and may require the advise of local attorneys and possible Government customs officials to ensure my business activities are in compliance with local law.

Home Based Business Seminar



Application for Registration of business with Host Nation (Gewerbeschein)

- ❖ Fill out registration of Business application (Gewerbeanmeldung)
- ❖ Provide copies of all permits or licenses, if any, required by HN law and ID card
- ❖ Any permit, license, or statement of exemption that clearly identifies the individual, the goods or services sold, and whether the permit, license, or statement of exemption applies only to sales made to U.S. Forces members or their Family members.
- ❖ Important is the start date of your Business
- ❖ Cost for the application for a permit to conduct business (Gewerbeanmeldung) is 30 Euro and for De-registration 20 Euro
- ❖ Timeline: if all required documentation and the registration fee is provided the permit to conduct business can be issued right away, but should take no longer than 2 working days.
- ❖ The permit to conduct business registration is automatically forwarded to the Tax Office (Finanzamt) and Host Nation Chamber of Commerce.

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Host Nation Business Registration Office (Gewerbeamt)

GEWERBEAMT SCHWEINFURT

Markt 1 (Rathaus) , 3rd floor, Room 318

97421 Schweinfurt

Phone: 09721-51-3473

Fax: 09721-51-8893473

Email: Gewerbeamt@schweinfurt.de

Opening Hours: Monday – Friday 08:30 – 12:00

Home Based Business Seminar



HOME BASED BUSINESS APPLICATION PACKAGE

Submit your Home Based Business Application Package to the Directorate of Human Resources:

**United States Army Garrison Schweinfurt
Directorate of Human Resources**

**Ledward Barracks Building 206 Room 104
DSN : 354-1770/1350 CIV: 09721-96-1770/1350**

POC: Peter Pogoda or Jutta Kirchschlager

**E-Mail: peter.pogoda.ln@mail.mil <<mailto:peter.pogoda.ln@mail.mil>> or
jutta.kirchschlager.ln@mail.mil**

**Opening hours: Mo-Fr from 7.30 – 12.00 and from 12.30 -16.00 Hours
Closed on American and German Holidays**

Timeline for Approval/Disapproval of your Application is 3-4 Weeks

Home Based Business Seminar



GREAT INFORMATION LINKS

❖ Army Regulation 210-7

http://www.apd.army.mil/pdf/files/r210_7.pdf

❖ Policy Memorandum #01-08, Home Based Business Activities, On-Post Commercial Solicitation and Advertising

www.schweinfurt.army.mil/Garrison/policies/01-08.PDF

❖ Home Based Business Application link:

<http://www.schweinfurt.army.mil/documents/HBB-Application.pdf>

❖ Home Based Business (HBB) Application Procedure

<http://www.schweinfurt.army.mil/documents/HBB-Regulation.pdf>

Home Based Business Seminar



QUESTIONS???



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.



REPLY TO
ATTENTION OF

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

IMSW-HR

MEMORANDUM THRU Installation Commercial Affairs Officer, 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



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



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 _____.

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

Signature of HBB Owner

Printed Name of HBB Owner

APPLICATION FOR HOME BASED BUSINESS (PAGE 2)

PART III Neighbor/Housing Assessment

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.	

Part IV Permits

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?	

Part V Supplies & Equipment

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	
----------------------------	--

Part VI Price List

Product/Service	Price	Product/Service	Price

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 style="padding-left: 40px;">a. Does the applicant live in government housing/lease or GHRP housing?</p> <p style="padding-left: 40px;">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>		

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

**APPLICATION FOR UNITED STATES FORCES, EUROPE,
COMMERCIAL ACTIVITY AUTHORIZATION**
(AE Reg 210-70)

Initial application
 Annual reissue

Category (check all that apply)
Solicitor individual
Family member solicitor

Data required by the Privacy Act of 1974

Authority: 10 USC 3012.

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.

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.

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.

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

Nicht-Armeeangehörige(r)

jährliche Neuausstellung

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)

Date

Approving authority

Name of approving official

Signature

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 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.

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"/>	Re-opening following relocation from a different district of registration <input type="checkbox"/>
	Change of legal structure <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)
-----------	----------------

**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