

ISSAQUAH HIGHLANDS COMMUNITY ASSOCIATION

HOME BUSINESS APPLICATION

INTRODUCTION

Please answer all questions completely and accurately in order to provide Issaquah Highlands Community Association (IHCA) with all information necessary to consider your application. If a question does not apply, so indicate. (Leave no spaces blank.) Please attach any additional information which may assist in reviewing your application.

The IHCA shall review and log all business applications and activity within Issaquah Highlands. IHCA staff will provide counter approval for zero or minimal impact businesses. Business deemed to have high impact will be directed to the IHCA Board of Directors (BOD) for approval.

All businesses within Issaquah Highlands must comply with City of Issaquah (COI) business requirements and local, state, and federal obligations. Any unit owner may be subject to penalties, (as defined in the URRs), if the business operation is in violation of the IHCA governing documents and at the discretion of the IHCA BOD.

Possession of a current business license does not authorize business operation unless approved by IHCA staff and/or IHCA BOD. Business application approvals are non-transferable.

Home business application questions may be directed to homebusinessapp@ihcommunity.org or (425) 427-9257.

GENERAL INFORMATION

Applicant Information:

Name: _____

Property Address: _____ 1887 NE Kenyon Ct. Issaquah, WA. 98029

Daytime Phone: _____ Cell Phone: _____

Email Address: _____

The consent of the legal owner of the property, where the business will reside, is required. If you are not the legal owner of the property, please complete this section and obtain legal owner consent.

Property Owner Information:

Name: _____

Mailing Address: _____ 1887 NE Kenyon Ct. Issaquah, WA. 98029

Daytime Phone: _____ Cell Phone: _____

Property Owner's Email Address: _____

Property Owner's Consent Signature: _____

Property's Owner's Consent Received Via E-mail : ☐ Yes ☒ No (If Yes, please attach email to application.)

GENERAL BUSINESS INFORMATION

City of Issaquah Business License Number (Please provide copy of license.): UBI number - 602231005

Restrictions indicated on the business license: None

[Http://Intranet.Ihcommunity.Org/Shared Documents/IHCA/Live Work Information/Submitted Applications/Applications - Pending/025-0029_Willett_15-007/025-0029_Willett_15-007.Docx](http://Intranet.Ihcommunity.Org/Shared Documents/IHCA/Live Work Information/Submitted Applications/Applications - Pending/025-0029_Willett_15-007/025-0029_Willett_15-007.Docx)

Legal Owner of Business: _____

Legal Name of Business and Doing-Business-As Name: Shanti's Studio

Business Website Address: Shantisstudio.com – will activate at the end of August

Name of any other business operated from this location: None

Business Phone: _____ Cell Phone: _____

Email Address: _____

Description of Proposed Use: Facials, waxing, non invasive anti aging treatments

Hours of Business Operation: 10am-7pm Tuesday - Saturday

- ☒ YES ☐ NO Is parking required for the operation of your business?
- ☐ YES ☒ NO Do deliveries and/or shipping exceed more than one visit per day?
- ☐ YES ☒ NO Are there vehicles related to this business operation?
- ☐ YES ☒ NO Are Common or Limited Common Elements used in the operation of your business?
(I.E., Do you use common water/sewer, garbage services, electricity and/or landscape areas in the operation of your business?)
- ☒ YES ☐ NO Has this business been prior approved by the Unit's Condominium/Owner's Association? If so, please attach a copy of the approval for the IHCA.

Please describe in detail the nature and operation of daily business activities? Provide a detailed description on how the operation of your business may affect other areas of your home/property (i.e. such as decks, driveways, garages, deliveries, etc.). I have a separate entrance that leads to my business. I see one client at a time and therefore will only occupy one parking space during business hours. I am an organic practitioner and only use natural, non-chemical based products in all services. Occasional deliveries are left by my business door and are picked up immediately. Music is kept low and noise level is also kept to a minimum.

During the 10 years of operating my business in the Highlands, I have established a large clientele amongst my direct neighbors and community.

PHYSICAL INFORMATION (Attach a dimensioned sketch of entire floor plan. Indicate the areas used for business.)

What percentage (%) of your buildings, including storage space, is used for your business? Please see attachment %

All signage must be submitted to the ARC for approval. Indicate the dimensions of your business sign (please attach a diagram if needed): _____

(City of Issaquah code provides that signage may not exceed 2 square feet and may be either posted on the wall or door. Lighted signs are not approved for this use.) Please note: Posting of flyers or other solicitation is not allowed in the Issaquah Highlands.

List all chemicals, materials, and equipment used or stored in the operation of this business: None

Indicate any physical evidence visible, audible or otherwise noticeable to any adjacent residence(s) resulting from equipment or material used, or activities performed, in the operation of this business: None

EMPLOYEE INFORMATION

List persons (other than customers) involved in the business on the premises. Include yourself, any family members, subcontractors, etc. No more than two individuals engaged in the business entity may work on the premises at any given time. Attach additional sheet if necessary:

Worker #1, Position & Relationship (if any)

Position: Self / Owner / Master Esthetician Hours per week: Approximately 20 hours per week.

Worker #2, Position & Relationship (if any)

Position: NA Hours per week: NA

VEHICLE INFORMATION

Give a description of the nature and volume of traffic related to your home business during a typical day. Indicate the size of delivery vehicles and the number of trips per day. Be sure to include visitors, delivery trucks, customer vehicles, etc: I see one client at a time and therefore will only occupy one parking space during business hours.

Occasional deliveries of product supplies are left by my business door and are picked up immediately.

Describe any vehicles related to this business operation: NA

Indicate the approximate number of daily automobile visits to and from the property: 5-10

Describe the worst case traffic scenario you would expect: Occasionally a client will arrive before the previous client has left. When this happens, two parking spaces will be occupied for a few minutes.

Describe available off street parking: Ample off street parking in front of business and across the street.

SIGNATURE & DATE

I hereby apply for a home business as described and regulated by the Issaquah Highlands Homeowners Association. I also certify that the information contained in the above application is true and correct to the best of my knowledge, and represents an accurate and complete description of my home business.

I have reviewed the Issaquah Highlands Community Association's Use Restrictions and Rules and consent to abide by these Rules and operate business under all IHCA governing documents.

Applicant Signature: [REDACTED] Date: 3/13/2015