

## 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](mailto:homebusinessapp@ihcommunity.org) or (425) 427-9257.

### GENERAL INFORMATION

#### Applicant Information:

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

Property Address: 1371 Huckleberry Circle, Issaquah, WA 98029

Daytime Phone: \_\_\_\_\_ 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: \_\_\_\_\_

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.) **SEE ATTACHED.**



**ISSAQUAH  
HIGHLANDS**

**COMMUNITY  
ASSOCIATION**

MAINTAINING COMMUNITY

### GENERAL BUSINESS INFORMATION

City of Issaquah Business License Number (Please provide copy of license.): \_\_\_\_\_

Restrictions indicated on the business license: Not licensed to hire minors without a Minor Work Permit

Legal Owner of Business: \_\_\_\_\_

Legal Name of Business and Doing-Business-As Name: DRBA Associates, Inc. dba Lash Factory

Business Website Address: http://lash-factory.com/

Name of any other business operated from this location: None

Business Phone: (206) 972-2663 Cell Phone: \_\_\_\_\_

Email Address: l \_\_\_\_\_

Description of Proposed Use: Esthetician Services including lash extension, brow and lip waxing, brow tinting, lash lift, lash lift with tint, lash extension removal, and lash fortification. Permanent make-up, dermaplaning, microneedling, and microblading also offered.

Hours of Business Operation: M-F 8:45 a.m.-7:15 p.m.; Sat. & Sun. 8:45 a.m.-6:00 p.m.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | Is parking required for the operation of your business?   |
| <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | Do deliveries and/or shipping exceed more than one visit per day?   |
| <input type="checkbox"/> YES            | <input checked="" type="checkbox"/> NO | Are there vehicles related to this business operation?  |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> 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?) |
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> 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.). Daily activities include servicing clients for eyelash extensions and related services. Appointments are scheduled on an hourly basis and up to three clients may be served in a given hour. Clients are required to park on NE Park Drive.

**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? Approx. 40 %

All signage must be submitted to the ARC for approval. Indicate the dimensions of your business sign (please attach a diagram if needed): One 2 square foot wall on window sign and one pedestrian oriented sign.

(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. • Issaquah, WA 98029 • www.issaquahhighlands.com



List all chemicals, materials, and equipment used or stored in the operation of this business: Regular household cleaning supplies.

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: The lash extension application process is very quiet and the majority of clients engaged in quiet conversation or remain quiet. Music is played at a low volume.

#### **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: \_\_\_\_\_ Hours per week: 32 hours/week

##### **Worker #2, Position & Relationship (if any)**

Position: \_\_\_\_\_ Hours per week: 32 hours/week

##### **Worker #3, Position & Relationship (if any)**

Position: \_\_\_\_\_ Hours per week: 40 hours/week

#### **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: Not Applicable. Customers and Employees park on NE Park Drive.

Describe any vehicles related to this business operation: Not Applicable.

Indicate the approximate number of daily automobile visits to and from the property: See below.

Describe the worst case traffic scenario you would expect: Three (3) customer vehicles parked on the public street (NE Park Drive) every two (2) hours. No customers park in the Issaquah Highlands Community Association's parking area.

Describe available off street parking: Unlimited street parking is available on both sides of the street.



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**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: \_\_\_\_\_

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

9/24/19