____Approved _____ _____
James Ventres. Land Use Administrator Date

Comments: _____

TOWN OF EAST HADDAM
LAND USE OFFICE
P.O. BOX K, EAST HADDAM, CT 06423 - 860-873-5031

HOME OCCUPATION APPLICATION FOR BUSINESS PERMIT
(Section 27 East Haddam Planning & Zoning Regulations)

APPLICANTS NAME - Stacey Hathaway

BUSINESS NAME - Geri Cares Connecticut LLC

ADDRESS - 90 Mott Lane Moodus

PROPERTY OWNERS NAME - Stacey Hathaway

ASSESSOR'S MAP - 75 LOT - 53

DEED REFERENCE: VOLUME - _____ PAGE - _____

BEST CONTACT NUMBER - 860-391-2050 (HOME – CELL - BUSINESS) CIRCLE ONE

OTHER CONTACT NUMBER - _____ (HOME – CELL - BUSINESS) CIRCLE ONE

EMAIL ADDRESS - staceyhathaway2016@gmail.com

TYPE OF BUSINESS YOU ARE APPLYING FOR - Companion/Homemaker Agency

APPLICANTS SIGNATURE - Stacey Hathaway **Date** 4/23/24

PROPERTY OWNER'S SIGNATURE - Stacey Hathaway **Date** 4/23/24

Please answer the following questions regarding your proposed business.

1. Please give a detailed description of the home occupation, including any required machinery, equipment, materials, etc.

None- All business is conducted off site and at individual client Homes.