

Home Based Business (HBB) Request Letter

(Note: Do not use government letter head for HBB license requests)

Date: _____

MEMORANDUM FOR HOME BASED BUSINESS (HBB) COORDINATOR
52 FSS/FSR
Spangdahlem Air Base APO, AE 09126

FROM: NAME OF APPLICANT

SUBJECT: Application for Approval of Home Based Business (HBB)

1. I am requesting authorization to operate a Home Based Business.
 - a. Business Name:
 - b. Brief Explanation of Service or Product to be rendered:
2. Proprietor's Information:
 - a. Rank/Grade (if applicable) and Name:
 - b. Squadron or Organization (if applicable):
 - c. DEROS:
3. Sponsor's Information (if Proprietor is the Sponsor, insert "self" in para 3.a and omit paras 3.b. and 3.c.):
 - a. Rank/Grade and Name:
 - b. Squadron or Organization:
 - c. DEROS:
4. My contact information is:
 - a. Address – Physical:
 - b. Address – APO:
 - c. Telephone number:
 - d. Email address:
5. My basic business model/plan is:

a. Description of Product and/or Services:

b. Target audience (describe to whom you intend to service with product/service):

c. Logistical support (describe how you will receive and distribute your supplies/services):

d. Describe any modifications or renovations required in any structure owned, rented or funded by the US government:

e. I intend to sell my product/service: on-base / off-base (circle all that apply)

6. Coordination and Registration:

a. If I reside in an off-base domicile of which I do not own and I intend to use this property or facility in the operation of my business, I affirm that I have informed the rightful owner of my intentions and have received their approval to conduct my business in that domicile/facility. _____ (initial or insert "n/a")

b. If I reside on-base and/or intend to sell my product/services on Spangdahlem Air Base or Bitburg Annex, I affirm I have consulted key base agencies to ensure my product/service does not compete with key retail sales activities or place an undue burden on base infrastructure (completion of HBB Memorandum suffices for this coordination). _____ (initial or insert "n/a")

c. I understand the German government may tax my business and require me to register my business at my local (ENTER NAME OF GERMAN OFFICE). The Host Nation does not normally require on-base HBBs to register their business; however, the occupancy of an on-base residence does not afford special exemption. I understand the Status of Forces Agreement does not provide my business special privilege or entitlement for the purpose of tax relief; however, if the sale of my product is solely to Department of Defense identification card holders who also have SOFA status with Germany, the Host Nation may reduce or omit this taxation. I acknowledge it my responsibility to register my business as required by the Host Nation. _____ (initial)

7. I acknowledge I must visit the US Customs office servicing Spangdahlem AB, GE, to be briefed on the tax privileges afford to me as a U.S. Department of Defense identification card holder, with SoFA privileges in Germany. I understand the tax privileges afforded to me under the SOFA status, do not apply to my business and I understand the misuse of these privileges may result in the revocation of my HBB authorization as well as potential financial or other legal penalties from the Host Nation and/or the United States governments. I will bear sole responsibility for my business and my compliance with any/all laws and regulations. _____ (initial)

8. I understand it is my responsibility to brief my Commander or the Commander of my Sponsor on this business plan and to assure them I am knowledgeable in my business and educated on the legalities to operate my business in the Host Nation and under U.S. laws and policies. Any violations I may incur are my responsibility to resolve. _____ (initial)

9. I acknowledge my approval to operate my HBB is not indefinite and I must re-register before the expiration of either my German license or my HBB authorization (whichever comes first). _____
(initial)

10. I acknowledge the following types of businesses do not qualify as HBBs:

- a. Offbase childcare where childcare is provided for more than 10 hours a week
- b. Onbase childcare where childcare is provided for more than 10 hours a week
**For Onbase and offbase childcare services that will operate more than 10 hours a week an FCC license must be acquired through the A&FRC

11. Thank you for considering this request for my HBB. I can be contacted at _____ if there are additional questions or concerns.

(Print name underneath, print this letter, then sign in ink)

1st Ind, _____
(enter office symbol for Commander of Sponsor's Unit/Activity)

MEMORDANDUM FOR 52 MSG/CD OR DELEGATE

I have reviewed this HBB application and have discussed the Applicant's responsibilities in the operation of their home based business. The Applicant is aware they are solely responsible to be knowledgeable in rules, regulations and/or other guidance from both the U.S. and German governments that apply to their business. The Applicant is aware the privileges they receive as a U.S. ID cardhold may not be transferable to their business; that the Host Nation reserves the right to tax their HBB or require additional certification prior to approving licensing; and that the Installation Commander's approval to operate does not act as an official endorsement of the Applicant's business or commit the U.S. Government to the Applicant in any way.

Based on this discussion, I (**RECOMMEND** / **DO NOT RECOMMEND**) the Applicant's HBB be considered for approval.

(Signature/Date of Unit Commander)