



DEPARTMENT OF THE AIR FORCE  
52D FIGHTER WING (USAF)

Date:

MEMORANDUM FOR

FROM: 52 FSS/FSR -- HBB Coordinator

SUBJECT: Home Based Business Coordination Document for selling and/or living on-base

1. The individual bearing this application desires to start or operate a Personal Enterprise (Home Based Business (HBB)) and either: 1) Resides in Spangdahlem AB family housing and plans to operate all or part of the business from their government quarters; or 2) Resides off-base and intends to sell their product or service on Spangdahlem AB or Bitburg Annex. In either case, the Applicant requires the concurrence of the below organizations before the Installation Commander's review of their HBB application.

a. AAFES, DeCA and FSS have the first right of refusal authority to deny or restrict the HBB based on anti-competition rules established in various DoD or Air Force instructions, manuals or regulations.

b. Public Health should review the HBB's proposal for reasonable assurance that the product, service or processes involved offered by the applicant do not create a health safety burden. Any HBB involving the production then sale of consumable products and/or services dealing with cosmetic health/beauty (touches the skin) and/or anything that can be consumed are subject to the compliance standards IAW Spangdahlem Public Health guidance. HBB approval and continued compliance includes both an initial and additional routine food/facility safety and sanitation inspections by the Public Health office.

c. Family Housing will review the package to assess impacts of the business to government quarters (i.e., house modifications, power consumption, noise implications, etc). This review affords reasonable assurance that the product, service or process(es) involved therein offered by the applicant do not create a safety or nuisance burden on government housing – the acknowledgement of the Housing does not imply liability for the U.S. Government.

2. It is assumed all information provided by the applicant is true to the best of the applicant's knowledge. Agency signatures on this check-list do no bind the U.S. Government to any liabilities – the applicant is solely liable for providing accurate information.

3. Applicant Details:

a. Name of HBB Applicant: \_\_\_\_\_

b. Name of HBB Business: \_\_\_\_\_

c. Basic Description of Service or Product to be Sold:

\_\_\_\_\_

