



**DEPARTMENT OF THE ARMY**  
US ARMY INSTALLATION MANAGEMENT COMMAND  
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT GORDON  
307 CHAMBERLAIN AVENUE  
FORT GORDON, GEORGIA 30905-5730

**Application for Home Based Business (HBB)**

**All company & business owner names will be posted on the FMWR website**

**\*\*\*Before you apply please note the following:** 1) Persons who reside in family hosting on an Army installation and work remotely out of their residence (such as a consultant, freelance artist, teleworker, etc.) or who operate their own business exclusively through online means (for example, eBay and Etsy) are not considered HBBs and do **NOT** require approval to operate 2) HBB applicants residing in the privatized on-post housing must obtain **approval to operate in writing from the community manager** and include with the application submission.

\_\_\_\_\_ **New**                      \_\_\_\_\_ **Renewal**

1. Application Date: \_\_\_\_\_

2. Name (First, Last): \_\_\_\_\_

3. Business Name: \_\_\_\_\_

4. Street Address: \_\_\_\_\_  
Fort Gordon, GA 30905

5. Contact Phone Number: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

7. Website Address: \_\_\_\_\_

8. Have you previously been approved: **Y/N**    Where: \_\_\_\_\_

9. Employer Identification Number (EIN): \_\_\_\_\_

10. Brief description of business: \_\_\_\_\_

11. Business Category: \_\_\_\_\_

12. Will you be offering any classes? **Y/N**

13. Will you be using any heat sources or equipment that will draw electric power? **Y/N**

- If yes, please list the heat source or equipment that will draw electric power.

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14. Will you be using any chemicals/flammables, etc.? Y/N

- If yes, please list what chemicals/flammables you will be using?

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15. Will you be using any equipment with sharp blades, sharp points, rollers or pinch points? Y/N

- If yes, please list what equipment you will be using:

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16. I understand that the following documents must be provided with my application to be complete:

- a. DD Form 2977, Deliberate Risk Assessment Worksheet
- b. Copies of applicable GA State Sales Tax Permit, Certifications and Business Licenses
- c. Liability Insurance
- d. Permission from Housing

17. Int \_\_\_\_\_ I hereby certify that there will be no requirement for additional housing amenities, no unusual wear and tear on the facilities, no requirement for additional parking, no conflict of interest and no use of military title, position, and designation or a connection with business.

18. Int \_\_\_\_\_ I agree to comply with all applicable regulations in the AR 210-7, Personal Commercial Solicitation on Army Installations.

19. Int \_\_\_\_\_ I understand that approval to operate a business from my house is not a right but is a privilege conditioned on continued compliance with the rules and all applicable Federal, state and local laws.

20. Int \_\_\_\_\_ I understand that my signature below represents my understanding of the above and provides consent to place the name of my company and my name as the owner on the FMWR website.

21. Int \_\_\_\_\_ I acknowledge receipt and understanding of the published rules of operating a home based business on the installation.

22. I have obtained and included with the submission the required approval from Balfour Beatty Communities.

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Applicant Signature

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Date

Submit application and required documentation to:

FMWR  
Attn: Home Based Businesses  
Bldg. 28320, Lane Ave  
Fort Gordon, GA 30905

# APPLICATION FOR HOME BASED BUSINESSES PROCESS MAP

HBB owner obtains written approval from the Housing Office (Balfour Beatty)

Once granted approval from the Housing Office, HBB owner submits complete application packet to Family and MWR Financial Management Office for review

FMWR reviews packet and drafts letter for SJA and GC to sign as approved/disapproved

GC sends packet back to FMWR

FMWR emails applicant notifying of approval/disapproval letter

## Solicitation Application Instructions

Home Based Businesses are required to obtain permission prior to commencing operations on Fort Gordon. Point of contact is Lindsay Dunn, Financial Management Department, 529 Lane Avenue, bldg. 28320, Fort Gordon GA 30905. By phone (706) 791-2611 or by email [lindsay.m.dunn.naf@army.mil](mailto:lindsay.m.dunn.naf@army.mil).

1. The Fort Gordon Application Form, Application for Commercial Solicitation Permit, Operating rules, and the attached "forbidden solicitation practices" sheet must be completed/signed to initiate the business approval. It is your responsibility to obtain the necessary permissions, licenses (if applicable), and liability insurance. Also, in no instance will activities be authorized or continued with they will interfere with community tranquility or present safety hazards.
2. Requests must contain the following:
  - a. The name of your business, a description and how you plan to conduct this business in Family housing or a vendor.
  - b. How you will solicit (contact) your customers (i.e. social media, home parties, etc.).
  - c. Price list of food/products/services you will be selling. (Please include pictures if possible).
  - d. Proof that you are an authorized agent for the company you wish to represent (i.e. Scentsy, Papparazzi) (Affiliation ID #).
  - e. Hours of operation.
  - f. Provide a copy of all food recipes (if applicable), and ingredients.
3. You will need to obtain approval in the form of a signature from the Fort Gordon Family Homes Housing Manager. Sign and initial the Fort Gordon Application Form stating you have read the Resident Responsibility Guide (provided at the time of lease signing).
4. Please return your Fort Gordon Application Form along with your Declaration Page form your insurance company stating you have acquired liability insurance to the Financial Management Department.
5. Upon receipt of your completed request, it will be reviewed at OSJA for review/concurrences. Based on the nature of your business enterprise, it could take up to 3 to 5 weeks before final approval is obtained. The SJA process usually takes a considerable amount of time since they are responsible for ensuring that commercial endeavors are consistent with local government licensing requirements, Federal, State, and local laws, and no potential government liability and illegal advertising practices.

## **Operating Rules for Home Based Businesses (HBB)**

1. The HBB owner must obtain the requisite permission, licenses (if applicable) and liability insurance prior to opening/ operating
2. The HBB owner is responsible for any damages to third parties arising from the conduct of their business,
3. HBB owners providing child care must register with the installation Child and Youth Services office as part of Family Child Care (FCC).
4. The HBB owner is required to comply with and is subject to inspection by the appropriate city, county, state or federal agency, office or department for compliance with applicable laws, codes, regulations and requirements.
5. HBBs involved in food preparations will need to be approved by Army Public Health and/ or the Local Health Department. The applicant must provide documentation stating that the HBB meets all applicable food safety and sanitation conditions.
6. The residential character of the property shall be maintained. The HBB may not occupy more than 25% of the home's gross floor area. Parts or materials related to the HBB shall be screened from public view and will be limited to the interior of the structure, or the side and rear yards of the property. Signage is limited to what can be displayed in a single window from the inside and may not be illuminated.
7. Customers may only patronize a HBB between the hours of 0600 and 2000 hours.
8. Noise, vibrators or odors shall not be detectable beyond the property line.

By signing this form, I acknowledge the above conditions and agree to remain in compliance.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Date

## **Army Regulations 210-7, October 18, 2007**

### **Personal Commercial Solicitation on Army Installations**

#### **2-9. Forbidden solicitation practices**

The following practices are forbidden:

- a. Solicitation during enlistment or induction processing or during basic combat training, and within the first half of the one station unit training cycle.
- b. Solicitation of "mass," "group," or "captive" audiences.
- c. Making appointments with or soliciting Army personnel during their normally-scheduled duty hours.
- d. Soliciting without an appointment in areas used for housing or processing transient personnel, or soliciting in barracks areas used as quarters.
- e. Use of official military identification cards or vehicle decals by active duty, retired, or reserve members of the military services to gain access to Army installations for the purpose of soliciting. When entering the installation for the purpose of solicitation, solicitors with military identification cards and/or installation vehicle decals must present documentation issued by the installation authorizing solicitations.
- f. Offering of false, unfair, improper, or deceptive inducements to purchase or trade.
- g. Offering rebates to promote transaction or to eliminate competition. (Credit union interest refunds to borrowers are not considered a prohibited rebate.)
- h. Use of any manipulative, deceptive, or fraudulent device, scheme, or artifice, including misleading advertising and sales literature. All financial products, which contain insurance features, must clearly explain the insurance features of those products.
- i. Any oral or written representations which suggest or appear that the Department of the Army sponsors or endorses the company or its agents, or the goods, services, and commodities offered for sale.
- j. The designation of any agent or the use by any agent of titles (for example, "Battalion Insurance Counselor," "Unit Insurance Advisor," "Servicemen's Group Life Insurance Conversion Consultant") that in any manner states or implies any type of endorsement from the U.S. Government, the Armed Forces, or any State or Federal agency or Government entity.
- k. Making personal commercial solicitations or sales to personnel who are junior in rank or grade, or to the family members of such personnel, except as authorized in DOD 5500.7-R, sections 2-205 and 5-409.
- l. The use of Army personnel representing any insurer, dealing directly or indirectly on behalf of any insurer or any recognized representative of any insurer on the installation, or as agent or in any official or business capacity with or without compensation.
- m. The use of an agent as participant in any military service-sponsored education or orientation program.
- n. Entry into any unauthorized or restricted area.
- o. Assignment or use of desk space for interviews, except for specific, prearranged appointments. During appointments, the agent must not display desk or other signs announcing the name of the company or product affiliation.
- p. Use of the "Daily Bulletin" marquees, newsletter, Web page, or any other notice, official or unofficial, announcing the presence of an agent and his availability.
- q. Distribution of literature other than to the person being interviewed.
- r. Wearing of name tags that include the name of the company or product that the agent represents.
- s. Offering of financial benefit or other valuable or desirable favors to military or civilian personnel to help or encourage sales transactions. This does not include advertising material for prospective purchasers (such as pens, pencils, wallets, and notebooks, normally with a value of \$1 or less).
- t. Use of any portion of installation facilities, to include quarters, as a showroom or store for the sale of goods or services, except as specifically authorized by regulations governing the operations of exchanges,

commissaries, non-appropriated fund instrumentalities, and private organizations. This is not intended to preclude normal home enterprises, providing State and local laws are complied with.

u. Unauthorized advertising of addresses or telephone numbers used in personal commercial solicitation activities conducted on the installation, or the use of official position, titles, or organization names for the purpose of personal commercial solicitation, except as authorized in DOD 5500.7-R. Military grade and military service as part of an individual's name (for example, Captain Smith, U.S. Army) may be used in the same manner as conventional titles such as "Mr." or "Mrs."

v. Contacting Army personnel by calling a Government telephone, faxing to a Government fax machine, or sending e-mail to a Government computer, unless a pre-existing relation (that is, the Army member is a current client or requested to be contacted) exists between the parties and the Army member has not asked for the contact to be terminated.

w. Soliciting door to door or without an appointment.

Signature:

Date:

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## DELIBERATE RISK ASSESSMENT WORKSHEET

<b>1. MISSION/TASK DESCRIPTION</b>	<b>2. DATE</b> <i>(DD/MM/YYYY)</i>
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<b>3. PREPARED BY</b>		
a. Name <i>(Last, First, Middle Initial)</i>	b. Rank/Grade	c. Duty Title/Position
d. Unit	e. Work Email	f. Telephone <i>(DSN/Commercial (Include Area Code))</i>
g. UIC/CIN <i>(as required)</i>	h. Training Support/Lesson Plan or OPORD <i>(as required)</i>	i. Signature of Preparer

Five steps of Risk Management: (1) Identify the hazards      (2) Assess the hazards      (3) Develop controls & make decisions  
 (4) Implement controls      (5) Supervise and evaluate      *(Step numbers not equal to numbered items on form)*

4. SUBTASK/SUBSTEP OF MISSION/TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
				How:  Who:	
				How:  Who:	
				How:  Who:	
				How:  Who:	
				How:  Who:	

**Additional entries for items 5 through 9 are provided on page 2.**

<b>10. OVERALL RESIDUAL RISK LEVEL</b> <i>(All controls implemented):</i>
<input type="checkbox"/> EXTREMELY HIGH <input type="checkbox"/> HIGH <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> LOW

<b>11. OVERALL SUPERVISION PLAN AND RECOMMENDED COURSE OF ACTION</b>

<b>12. APPROVAL OR DISAPPROVAL OF MISSION OR TASK</b> <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE			
a. Name <i>(Last, First, Middle Initial)</i>	b. Rank/Grade	c. Duty Title/Position	d. Signature of Approval Authority

e. Additional Guidance:

## DELIBERATE RISK ASSESSMENT WORKSHEET

4. SUBTASK/SUBSTEP OF MISSION/TASK	5. HAZARD	6. INITIAL RISK LEVEL	7. CONTROL	8. HOW TO IMPLEMENT/ WHO WILL IMPLEMENT	9. RESIDUAL RISK LEVEL
				How:  Who:	
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## DELIBERATE RISK ASSESSMENT WORKSHEET

<b>Risk Assessment Matrix</b>		<b>Probability (expected frequency)</b>				
		<b>Frequent:</b> Continuous, regular, or inevitable occurrences	<b>Likely:</b> Several or numerous occurrences	<b>Occasional:</b> Sporadic or intermittent occurrences	<b>Seldom:</b> Infrequent occurrences	<b>Unlikely:</b> Possible occurrences but improbable
<b>Severity (expected consequence)</b>		<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>
<b>Catastrophic:</b> Death, unacceptable loss or damage, mission failure, or unit readiness eliminated	<b>I</b>	<b>EH</b>	<b>EH</b>	<b>H</b>	<b>H</b>	<b>M</b>
<b>Critical:</b> Severe injury, illness, loss, or damage; significantly degraded unit readiness or mission capability	<b>II</b>	<b>EH</b>	<b>H</b>	<b>H</b>	<b>M</b>	<b>L</b>
<b>Moderate:</b> Minor injury, illness, loss, or damage; somewhat degraded unit readiness or mission capability	<b>III</b>	<b>H</b>	<b>M</b>	<b>M</b>	<b>L</b>	<b>L</b>
<b>Negligible:</b> Minimal injury, loss, or damage; little or no impact to unit readiness or mission capability	<b>IV</b>	<b>M</b>	<b>L</b>	<b>L</b>	<b>L</b>	<b>L</b>

**Legend:**

EH – extremely high risk    H – high risk    M – medium risk    L – low risk

**13. RISK ASSESSMENT REVIEW (Required when assessment applies to ongoing operations or activities)**

a. Date	b. Last Name	c. Rank/Grade	d. Duty Title/Position	e. Signature of Reviewer

**14. FEEDBACK AND LESSONS LEARNED**

**15. ADDITIONAL COMMENTS OR REMARKS**

**Instructions for Completing DD Form 2977, "Deliberate Risk Assessment Worksheet"**

<p><b>1. Mission/Task Description:</b> Briefly describe the overall Mission or Task for which the deliberate risk assessment is being conducted.</p>	<p><b>10. Overall Risk After Controls are Implemented:</b> Assign an overall residual risk level. This is the highest residual risk level (from block 9).</p>
<p><b>2. Date (DD/MM/YYYY):</b> Self Explanatory.</p>	<p><b>11. Supervision Plan and Recommended Course of Action:</b> Completed by preparer. Identify specific tasks and levels of responsibility for supervisory personnel and provide the decision authority with a recommend course of action for approval or disapproval based upon the overall risk assessment.</p>
<p><b>3. Prepared By:</b> Information provided by the individual conducting the deliberate risk assessment for the operation or training . <b>Legend:</b> <b>UIC</b> = Unit Identification Code; <b>CIN</b> = Course ID Number; <b>OPORD</b> = operation order; <b>DSN</b> = defense switched network; <b>COMM</b> = commercial</p>	<p><b>12. Approval/Disapproval of Mission/Task:</b> Risk approval authority approves or disapproves the mission or task based on the overall risk assessment, including controls, residual risk level, and supervision plan. Space provided for authority to provide additional guidance; use continuation page if needed.</p>
<p><b>4. Sub-task/Sub-Step of Mission/Task:</b> Briefly describe all subtasks or substeps that warrant risk management.</p>	<p><b>13. Risk Assessment Review:</b> Should be conducted on a regular basis. Reviewers should have sufficient oversight of the mission or activity and controls to provide valid input on changes or adjustments needed. If the residual risk rises above the level already approved, operations should cease until the appropriate approval authority is contacted and approves continued operations.</p>
<p><b>5. Hazard:</b> Specify hazards related to the subtask in block 4.</p>	<p><b>14. Feedback and Lessons Learned:</b> Provide specific input on the effectiveness of risk controls and their contribution to mission success or failure. Include recommendations for new or revised controls, practicable solutions, or alternate actions. Submit and brief valid lessons learned as necessary to persons affected.</p>
<p><b>6. Initial Risk Level:</b> Determine probability and severity. Using the risk assessment matrix (page 3), determine level of risk for each hazard specified. probability, severity and associated Risk Level; enter level into column.</p>	<p><b>15. Additional Comments or Remarks:</b> Preparer provides additional comments, remarks, or information to support the risk assessment. If block 15 is used as a continuation of block 14, strike through the block number and title.</p>
<p><b>7. Control:</b> Enter risk mitigation resources/controls identified to abate or reduce risk relevant to the hazard identified in block 5.</p>	<p><b>Additional Guidance:</b> Block 4-9 continuance page may be reproduced as necessary for processing of all subtasks/ substeps of the mission/task. If a complete page is not utilized, write "NOTHING FOLLOWS" on the first unused row, immediately after the final item assessed.</p>
<p><b>8. How to Implement / Who Will Implement:</b> Briefly describe the means of employment for each control (i.e., OPORD, briefing, rehearsal) and the name of the individual unit or office that has primary responsibility for control implementation.</p>	
<p><b>9. Residual Risk Level:</b> After controls are implemented, determine resulting probability, severity, and residual risk level.</p>	