



# HOME BASED BUSINESS



U.S. ARMY GARRISON STUTTGART  
FAMILY AND MWR



## Home-Based Business Permit Application for USAG Stuttgart

Data required by the Privacy Act of 1974. Authority: Title 5 USC 552a, Title 10, USC 3013. Purposes: The requested information will be used by the Garrison Commander or their Designee to determine whether or not to grant this request.

### To be Filled Out by the Applicant:

Date of Application:

Full Name:

Name of the Business:

Address of the Proposed Business:

Phone Number:

Email:

Type of Business:

Business Category:

Is the HBB spouse owned and operated?      Yes                      No

Brief Description of the Business:

Were you already an approved HBB?

If so, where:

The following rules are written to ensure that a HBB does not negatively affect the safety, community tranquility or the good order and discipline of an Army installation. The business owner acknowledges that the following conditions must be met and certifies that they have read and will abide by the rules set forth below:

- The HBB owner must obtain the requisite permissions, licenses and liability insurance prior to opening and operating.
- The HBB owner is responsible for any damages to third parties arising from the conduct of their business.
- HBB owners providing child care must get approved by the Child and Youth Services Director before operating.
- The HBB owner is required to comply with all applicable laws from the US and all applicable regulations as well as all applicable laws and regulations set forth by the host nation, including local ordinances.
- HBBs involved in food preparation must be prepared to be inspected and the applicant must provide documentation that they completed the Food Handler's safety training.
- HBB applicants must acknowledge that they have read and understand AER 210-70, Section V.
- The HBB applicant understands that the approval process may take up to 60 days AFTER the final documentation is provided to the Family and MWR HBB Coordinator.

HBB Applicant Signature:

Date:

Checklist for documents to be provided by the HBB Applicant:

1. If HBB will be located in government provided housing, a letter requesting permission to operate signed by both the applicant and the USAG Stuttgart Housing Manager (see AER 210-70, paragraph 19a for details to include in the letter.)
  - Please send your portion of the signed letter to the HBB Coordinator Randy Stephenson:  
[randy.stephenson.civ@army.mil](mailto:randy.stephenson.civ@army.mil); 09641-70-596-3649
2. A signed copy of AE Form 210-70A

The completed AE Form 210-70F

3. Two current passport size photographs of the individual who will operate the HBB.
4. The individuals host nation tax identification number (Steuernummer) and a copy of all other required tax documents.
5. A copy of any retail or installment contracts that will be used. All contracts used on an installation must be in English and must contain a cancellation clause. See AER 210-70, paragraph 19f for details.
6. A catalog or list of goods and services offered by the vendor along with a description of the goods and services and price list.
7. If applicant is a spouse/family member of the US Forces, a photocopy of a valid a passport and a photocopy of the NATO SOFA identification certificate.
8. Copies of all other permits or licenses (including Food Handler Certificate). See AER 210-70 paragraph 19j.
9. Soldiers and DA Civilian employees requesting to operate an HBB must include a memorandum from their commander or supervisor authorizing outside employment.

**To be completed by the review and approval authorities:**

The HBB Coordinator has reviewed the list of documents necessary (based on the above) and has determined that the application is complete.

HBB Coordinator:

Date:

The Stuttgart Legal Center has reviewed the packet and has provided a legal review to be completed in the packet for approval by the Garrison Commander.

Stuttgart Legal Office:

Date:

The Family and MWR Director has reviewed the complete packet and is forwarding it to the Garrison Commander for final review and approval.

Family and MWR Director:

Date:

As the USAG Stuttgart Garrison Commander, I have reviewed this HBB packet and have decided to:

Approve

Disapprove

G. KIRK ALEXANDER  
COL, FA  
Commanding

Permission is granted for:

to operate within USAG Stuttgart.

Period of approval:

Permission may be revoked at any time.

SAMPLE MEMORANDUM for USAG Stuttgart Housing Office:

I, \_\_\_\_\_, am requesting permission to operate a Home-Based Business (HBB) in government owed quarters. Per AER 210-70, dated 21 January 2016, I am providing you with the following information:

Name of the business:

Address of the proposed business:

Phone number:

Type of business:

Services or good proposed for sale:

Proposed method for contacting customers and advertising

How services will be conducted:

Name of HBB applicant:

Signature:

Reviewed by Housing Manager:

Name:

Signature:

Date:

**CERTIFICATE OF UNDERSTANDING  
FOR U.S. FORCES FAMILY MEMBERS TO ENGAGE IN COMMERCIAL ACTIVITIES  
(AE Reg 210-70)**

1. I have read and understand AR 210-7 and AE Regulation 210-70. I understand that a violation of these regulations could result in the withdrawal of my commercial activity privileges. Furthermore, I understand the following limitations on my commercial activities and certify that I will comply with these limitations:

- a. I will not use the Military Postal Service to send or receive mail or merchandise connected with my commercial activities.
- b. I will use neither a U.S. Forces-plated vehicle nor tax-free gasoline in any vehicle connected with my commercial activities.
- c. I will not use my duty-free import privileges to import any merchandise, advertising material, or other items to be used in connection with my commercial activities.
- d. I will not use any portion of Government-owned or -leased quarters as a factory or workshop for the production of goods for commercial resale. Furthermore, I will not use Government-owned or -leased quarters as business premises, showroom, store, or storage area for goods intended for commercial resale.
- e. I will not take legal title to merchandise for commercial resale to comply with this regulation while, in fact, allowing any unauthorized company or person (including active duty U.S. military personnel and DOD civilians limited by DOD 5500.7-R) to operate a commercial enterprise under the guise of my commercial activity privileges.
- f. I will not employ or use the services of active duty U.S. military personnel or DOD civilians contrary to the provisions of DOD 5500.7-R as agents, brokers, or salespersons in the operation of a commercial activity.
- g. I will not lend, reproduce, or alter my letter of authorization.
- h. I will not use any type of official identification document, other than my letter of authorization, AE Form 210-70F, or AE Form 210-70G to gain access to Army installations for the purpose of commercial activities.
- i. I will comply with the provisions of AE Regulation 210-70 and in particular the following:
  - (1) I will not solicit door-to-door on Army installations, including Government-owned or -leased housing, except at the personal invitation of an individual residing in the area.
  - (2) I will not solicit or make appointments with military personnel in barracks and dayrooms or when they are on duty, nor will I solicit civilian employees during duty hours.

2. Additionally, I am aware that--

- a. I am required by local law to register my business activity with host-nation authorities and apply for any necessary permits or licenses.
- b. The requirement to register my business with host-nation authorities and pay taxes to host-nation tax authorities does not negate the requirement to report any income I derive from that same business to the U.S. Internal Revenue Service.
- c. At the end of the calendar year or 8 weeks before leaving the host nation, whichever occurs first, I must report to host-nation tax authorities for assessment and collection of any tax due.
- d. Issuance of my letter of authorization, AE Form 210-70F, or AE Form 210-70G does not in itself entitle me to engage in commercial activities on any Army installation. I must apply to local installation commanders to solicit and otherwise engage in commercial activities on installations under their jurisdiction.
- e. Issuance of my letter of authorization, AE Form 210-70F, or AE Form 210-70G does not entitle me to any type of logistic support from the United States Government aside from my entitlement to logistic support as a Family member.
- f. If my commercial activity privileges are withdrawn or suspended, I must return my letter of authorization, AE Form 210-70F, or AE Form 210-70G to the appropriate issuing authority within 7 days after receipt of notification of the withdrawal or suspension notice.
- g. Commanders have the discretionary prerogative of restricting or prohibiting commercial activities on installations under their jurisdiction.
- h. I must become familiar with and understand commercial activity regulations issued by appropriate headquarters and installation commanders.
- i. Violations or noncompliance with commercial activity regulations may result in the withdrawal of my privileges to engage in commercial activities in the Army in Europe areas of responsibility.

3. I further understand that a violation of the provisions of this certificate of understanding may result in the withdrawal of my commercial activity privileges.

4. I also understand that my commercial activities are subject to the customs, business registrations, and tax laws of the host nation where I seek to do business. In this regard, it is understood that my commercial activities may require the advice of local attorneys and possible Government customs officials to ensure my business activities are in compliance with local law.

5. I understand my contracts are governed by the requirements of the host-nation law. I will inform the personnel whom I contract that host-nation law applies.

Printed name	Date (YYYYMMDD)	Signature

APPLICATION FOR UNITED STATES FORCES, EUROPE COMMERCIAL ACTIVITY AUTHORIZATION (AE Reg 210-70)		<input type="checkbox"/> Initial application	Category (check all that apply)		
		<input type="checkbox"/> Annual reissue	Solicitor individual <input type="checkbox"/>	Family member solicitor <input type="checkbox"/>	
<b>Data required by the Privacy Act of 1974</b>					
<p><b>Authority:</b> 10 USC 3012.</p> <p><b>Principal purpose(s):</b> All information, including SSN, is used to determine eligibility for commercial activity authorization on Army installations in Europe and is necessary for the conduct of criminal and intelligence files checks.</p> <p><b>Routine use(s):</b> Passport number, name, address, date of birth, height, weight, color hair/eyes, current employer, and address are required in order to authorize commercial solicitation. A copy of this form is sent to Commander, U.S. Army Central Personnel Security Clearance Facility (PCCF-PR), Fort Meade, MD 20755-5250, and used as a basis for conducting intelligence files checks. The USAREUR Provost Marshal also uses this form as the basis for conducting criminal investigations. These forms are filed and destroyed 3 years after termination of the Army in Europe commercial activity authorization. Other routine uses are listed in 40 Federal Register 35151.</p> <p><b>Mandatory or voluntary disclosure and effect on individual not providing information:</b> Information is mandatory if the applicant desires to be issued commercial activity authorization.</p>					
1. Name	2a. Sex	2b. Height	2c. Weight	2d. Color hair	2e. Color eyes
3. Citizenship	4. SSN	5. Passport number and country of issuance			
6a. Current employer/company name		6b. President of company			
6c. European address, country, and telephone number		6d. State address of business and telephone number			
7a. Street and number		7. Business address of applicant		7c. Telephone number	
		7b. City and country			
8a. Street and number		8. European home address of applicant		8c. Telephone number	
		8b. City and country			
9a. Maiden name	9b. Date married (YYYYMMDD)	10a. Aliases		10b. Dates used	
11. DOB (YYYYMMDD)	12. Place of birth (city, state, country)		13. Occupation of spouse		
14. Former residences (city, state, and country for the last 15 years) (For additional space, use plain, white paper.)			Dates (MMM YYYY) From:                      To:		
15. Article or service to solicit					
16. Have you ever been discharged or forced to resign from any position for misconduct or unsatisfactory service? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain in remarks section.)					
17. Military service (Indicate service number, date of separation, type of discharge, and present status (for example, retired, Reserve).)					
18. List method sale		19. Remarks (For additional space, use plain, white paper.)			
<input type="checkbox"/> Bazaar	<input type="checkbox"/> Individual				
<input type="checkbox"/> Concessionaire	<input type="checkbox"/> Other				
20. Date		21. Signature of applicant			

### USAREUR HANDELSGENEHMIGUNGSANTRAG

Wenn Sie über keine Englischkenntnisse verfügen, füllen Sie bitte den umstehenden Antrag in deutscher Sprache aus.

Kategorie: (Zutreffendes bitte ankreuzen)

Erstantrag

Nicht-Armeeangehörige(r)

jährliche Neuausstellung

Familienangehörige(r)

1. Familienname, Vorname(n) (bitte ausschreiben)
- 2a. Geschlecht 2b. Größe 2c. Gewicht 2d. Haarfarbe 2e. Augenfarbe
3. Staatsangehörigkeit
4. Sozialversicherungsnummer
5. Ausweisdokument und ausstellende Behörde
- 6a. Gegenwärtiger Arbeitgeber 6b. Vorstandsvorsitzender der Firma 6c. Anschrift in Europa, Land, Telefonnummer 6d. Geschäftsanschrift in den USA, Telefonnummer
7. Geschäftsanschrift des Antragstellers 7a. Straße und Hausnummer 7b. Stadt, Land 7c. Telefonnummer
8. Privatanschrift in Europa 8a. Straße und Hausnummer 8b. Stadt, Land 8c. Telefonnummer
- 9a. Geburtsname 9b. Verheiratet seit (JJJJMMTT)
- 10a. Andere benutzte Namen 10b. Wann benutzt?
11. Geburtsdatum (JJJJMMTT)
12. Geburtsort (Stadt, Land)
13. Beruf des Ehepartners
14. Frühere Wohnorte während der letzten 15 Jahre (Bitte Stadt und Land sowie Zeitraum [Monat, Jahr] angeben). (Sollte der Platz nicht reichen, bitte ein separates Blatt verwenden.)
15. Verkaufsartikel oder Dienstleistung der Firma
16. Wurden Sie jemals wegen eines schweren Verbrechens oder eines Vergehens festgenommen, vor Gericht gestellt, angeklagt oder verurteilt? (Hierunter fallen der Verkauf oder Besitz von Drogen, Fälschung oder falsche Darstellung, Diebstahl, tätliche Angriffe sowie jede andere Straftat, an der US-Militärangehörige oder deren Familienangehörige beteiligt waren und die sich auf Ihre Eignung für die Erteilung einer Handelsgenehmigung zum Verkauf an Angehörige der US-Streitkräfte und ihre Angehörigen auswirkt.)  

Ja  Nein
17. Militärdienst (Anzugeben sind Dienstnummer, Ausscheidungsdatum, Art der Entlassung und gegenwärtiger Status (z. B. Ruhestand, Reserve.)
18. Angabe der Vertriebsart:  

Basar

Privatverkauf

Konzessionsinhaber

Sonstige (genaue Bezeichnung)
19. Anmerkungen (Sollte der Platz nicht reichen, bitte ein separates Blatt verwenden.)
20. Datum
21. Unterschrift des Antragstellers

#### FOR USE BY THE APPROVING AGENCY ONLY

<b>Permit number</b>	<b>Issue date (YYYYMMDD)</b>	<b>Expiration date (YYYYMMDD)</b>
<b>Approving authority</b>		
<b>Date</b>	<b>Name of approving official</b>	<b>Signature</b>

Name of business

Address

Email address

Phone number

**CONTRACT:**

The buyer may cancel the contract within 14 days after the date of the contract without penalty or obligation. The contract must be cancelled by giving written notice to [insert name, address and email address of the commercial enterprise or self-employed vendor], by mail, telegram, or personal delivery. Mailing the cancellation notice within 14 days meets the conditions of this term. Free legal advice is available from the USAG Stuttgart Garrison Law Center located on Kelley Barracks, Stuttgart, Germany.



# Antrag auf Vergabe einer steuerlichen Identifikationsnummer für nicht meldepflichtige Personen durch das Finanzamt

Ich beantrage hiermit die Vergabe einer steuerlichen Identifikationsnummer (IdNr.).

Weiße Felder bitte ausfüllen oder  ankreuzen

Grund für die Vergabe der IdNr.	<input type="checkbox"/> Arbeitnehmer	Sonstiger Grund Kleingewerbe Neugründung						
Name								
Vorname								
Anschrift im Ausland (Straße, Hausnummer, Postleitzahl, Ort, Staat)								
Geburtsdatum	<table border="1"> <tr> <td style="text-align: center;">Tag</td> <td style="text-align: center;">Monat</td> <td style="text-align: center;">Jahr</td> </tr> <tr> <td style="text-align: center;">   </td> <td style="text-align: center;">   </td> <td style="text-align: center;">       </td> </tr> </table>	Tag	Monat	Jahr				
Tag	Monat	Jahr						
Geburtsort								
Geburtsstaat USA								
Geburtsname								
Derzeitiger Aufenthalt in Deutschland	<input type="checkbox"/> Ja	<input type="checkbox"/> Nein						
Anschrift in Deutschland (Straße, Hausnummer, Postleitzahl, Ort, Staat)								
Voraussichtliche Aufenthaltsdauer	vom	bis						
<p><b>Datenschutzhinweis</b></p> <p>Nach den Vorschriften der Datenschutzgesetze wird darauf hingewiesen, dass die mit diesem Antrag angeforderten Daten auf Grund der §§ 139a und 139b der Abgabenordnung (AO) erhoben werden. Informationen über die Verarbeitung personenbezogener Daten in der Steuerverwaltung und über Ihre Rechte nach der Datenschutz-Grundverordnung (DSGVO) sowie über Ihre Ansprechpartner in Datenschutzfragen entnehmen Sie bitte dem allgemeinen Informationsschreiben der Finanzverwaltung. Dieses Informationsschreiben finden Sie unter <a href="http://www.finanzamt.de">www.finanzamt.de</a> (unter der Rubrik „Datenschutz“) oder erhalten Sie bei Ihrem Finanzamt.</p>								
<p>Ich bin damit <b>einverstanden</b>, dass meine <b>Identifikationsnummer</b> (§ 139a AO) sowie mein Name, Vorname und Geburtsdatum an <b>folgende Empfänger</b> (z. B. Arbeitgeber) für die folgenden Zwecke mitgeteilt wird (§ 30 Absatz 4 Nummer 3 AO, Artikel 13 DSGVO):</p>								
Name								
Anschrift (Straße, Hausnummer, Postleitzahl, Ort, Staat)								
Zweck	<input type="checkbox"/> Lohnsteuerabzug	Sonstiger Zweck Anmeldung Kleingewerbe, Neugründung						
Ort, Datum	<p><b>Vorzulegende Unterlagen:</b></p> <ul style="list-style-type: none"> <li>- Reisepass oder Personalausweis</li> <li>- ggf. ergänzend weitere Identifikationspapiere</li> </ul>							
<p>_____ Unterschrift der Antragstellenden Person</p>								

## Information Sheet for German Finance and Licensing Offices

### **Finanzamt Boeblingen** (for HBBs that operate in the Panzer Kaserne area)

Talstr. 46, 71034 Böblingen

Tel: 07031-13-3450 POC: Herr Schimdtblaicher (*does not speak English*)

Fax: 07031-13-3200

Website: [www.fa-boeblingen.de](http://www.fa-boeblingen.de)

Email: [poststelle@fa-boeblingen.bwl.de](mailto:poststelle@fa-boeblingen.bwl.de)

### **Finanzamt Stuttgart-Koerperschaften** (for all HBBs operating in the Kelley Barracks, Patch Barracks, Robinson Barracks or Stuttgart Army Airfield vicinity)

Paulinenstrasse 44, 70178 Stuttgart

Tel: 0711-6673 – 0 (Switchboard)  
0711-6673-6638 (Direct Line) POC: Herr Markus Heimsch

Fax: 0711-6673-6525

Website: [https://finanzamt-bw.fv-bwl.de/fa\\_stuttgartkoerperschaften](https://finanzamt-bw.fv-bwl.de/fa_stuttgartkoerperschaften)

Email: [poststelle@fa-Stuttgart-Koerperschaften.bwl.de](mailto:poststelle@fa-Stuttgart-Koerperschaften.bwl.de)

### **Handwerkskammer Region Stuttgart** (Chamber of Crafts and Trades)

Heilbronstrasse 43, 70178 Stuttgart

Tel: 0711-1657-0

Fax: 0711-1657-222

Website: <https://www.hwk-stuttgart.de/>

Email: [info@hwk-stuttgart.de](mailto:info@hwk-stuttgart.de)

## Food Handler Certification instructions

- An HBB providing food services (ex: baking, food preparation/catering) has to receive a Food Handler Certificate.
- It is valid for 1 year.
- Online Food Handler Certification Course:  
<https://mhs-europe.tricare.mil/Clinics/Vicenza-Army-Health-Clinic/Preventive-Medicine/Food-Handlers-Course>
-