



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND PACIFIC REGION
HEADQUARTERS, UNITED STATES ARMY GARRISON HUMPHREYS
UNIT #15228
APO AP 96271-5228

IMHM-MWA

15 October 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: United States Army Garrison Humphreys Policy Letter #78, Home Based Enterprise (HBE) Permit Approval Procedures

1. The proponent agency for this policy is the Army Community Service (ACS), Directorate of Family and Morale, Welfare, and Recreation (DFMWR).
2. This policy is effective immediately. It remains in effect until rescinded or superseded.
3. References.
 - a. AR 210-7, Personal Commercial Solicitation on Army Installations, 18 Oct 07.
 - b. AR 420-1, Army Facilities Management, 12 Feb 08.
4. Applicability. This policy memo applies to members of all Services, DOD civilian employees, and Family members of all at USAG Humphreys.
5. Purpose. To establish policies and procedures, assign responsibilities, and provide installation guidance for military and civilian personnel and their Family members assigned to or visiting USAG Humphreys regarding home based enterprises (HBE).
6. General.
 - a. Home based enterprise sales or services are customarily conducted in a domestic setting and do not directly compete with the installation's officially sanctioned commerce. AR 210-7, para. 2-1c.
 - b. Home based enterprises cannot compete with AAFES and DFMWR. AR 210-7, Glossary: Home enterprise; AR 420-1, para. 3-17. AAFES and DFMWR are the "primary resale activity" on U.S. Army installations. Resolution of disagreements relating to the primacy of AAFES and DFMWR resale authority resides with the Garrison Commander. The Garrison Commander may delegate this resolution authority, in writing, no lower than the Deputy Garrison Commander.
7. Advertising for any approved home enterprises is at the expense of the HBE permit holder. Any on-post advertising for a home enterprise must be approved by the USAG Humphreys DFMWR Marketing Division at DSN (315) 754-8257 and Commercial (031) 619-8257.

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8. A HBE permit authorizes a commercial enterprise activity at USAG Humphreys. Approved HBE must operate within the physical boundaries of USAG Humphreys and is not valid at any other location. When running an enterprise off-post, applicants must abide by Korean law and custom. The USAG Humphreys & Area III Consolidated Legal Center cannot advise applicants or permit holders about Korean law. In those cases, applicants should consider consulting with an attorney licensed in Korea.

9. Before an applicant may apply for a HBE permit, the applicant must attend the "Home Based Enterprise Course" at the Main ACS Building, S-311.

10. A good health certificate, see enclosure 2, and a DA-approved food handler course completion certificate must accompany applications that require an applicant to handle food. Per AR 40-66, a completed DD Form 2870 must accompany the good health certificate for each Family member residing in the applicant's home.

11. ACS Responsibilities.

a. ACS will receive HBE applications, prepared in a memorandum format from members of the community, see enclosure 1. ACS will route these proposals to the following agencies: DPW (Housing), AAFES, DFMWR, and OSJA.

b. ACS will prepare staff action packages, including the HBE application, a routing summary sheet, and the accompanying legal review for final approval/disapproval of the HBE application.

c. ACS will maintain a file of approved home enterprise proposals. Approved proposals shall be in effect through the applicant's sponsor's DEROS date, which must be clearly stated on the permit to be valid.

12. Point of contact is the Army Community Service Employment Readiness Manager at DSN (315) 753-3103 and at Commercial (031) 690-3103.

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DARIN S. CONKRIGHT
COL, SF
Commanding

DISTRIBUTION:
A & B

Sample Home Based Enterprise Proposal Request Memorandum

[DATE]

MEMORANDUM FOR Commander, USAG Humphreys & Area III, Unit # 15228,
APO AP 96271-5228

SUBJECT: USAG Humphreys Home Based Enterprise (HBE) Application

1. Request permission to operate a home based enterprise at USAG Humphreys.
[Please attach enclosures, as necessary.]

a. **Name of HBE:**

b. **HBE Business Plan:**

c. **Description of My Products or Services:**

d. **How I Will Conduct My Sales:**

e. **Advertisement Plan:**

2. I understand that this request must be given to the Army Community Service (ACS) Employment Readiness Program Manager. That individual is responsible for routing my request to the appropriate agencies. I further understand that I will not contact these agencies regarding my proposal without prior approval of the ACS Employment Readiness Program Manager.

3. I understand that my permit, if approved, will expire upon my sponsor's departure from USAG Humphreys for more than 60 days or at the expiration of my sponsor's DEROS, whichever occurs sooner. My sponsor's DEROS is _____.

4. **[If Applicable]** My proposal will require that I handle food. Thus, I have enclosed my good health and my DA-approved food handler course completion certificates.

5. The point of contact for this application is the undersigned at **(010) xxxx-xxxx** and **jane.doe@gmail.com**.

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Your Signature
TYPED FIRST, MI, & LAST NAME
Physical Address &
APO Address

Encl 1

Home Based Enterprise Good Health Certificate

Dear Physician:

The individual name below is submitting a proposal to operate a home based enterprise (HBE) at USAG Humphreys that will require the individual to handle food. The Army Community Service's (ACS) Employment Readiness Program Manager is responsible for ensuring that individuals requesting HBE proposals that require the handling of food are in generally good health to handle it.

Please review the applicants' medical records to determine if there is any reason, in your professional judgment, which would disqualify the individual from operating a HBE requiring the individual to handle food. In particular:

- All applicants must possess general good physical, mental, and emotional health.
- All applicants must be free of contagious diseases.
- All residents in the applicants' household, including minor children, are required to have negative tuberculin test.
- All residents living in the applicants' household must have current and updated immunization records.

Applicant's Name: _____

DOB: _____

_____ I have reviewed the medical files of the home based enterprise applicant and the family members that reside with that applicant. I find the applicant to be in generally good physical, mental, and emotional health. The Family members, including applicant, are free of contagious disease and have negative tuberculin tests. All children living in the household have current and updated immunization records.

_____ I have reviewed the medical files for all family members and the applicant. **I DO NOT RECOMMEND** that the applicant's home base enterprise be approved for medical reasons. I have listed the following concerns or items missing from their medical records: _____

Physician's Name / Stamp: _____

Physician Signature: _____ Date: _____

IMPORTANT NOTE: *Per AR 40-66, paragraph 2-3(b)(1), ACS will not accept this completed Good Health Certificate, unless a DD Form 2870, Authorization For Disclosure Of Medical Or Dental Information, is completed for each Family member residing at the applicant's home. This form is available online at <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2870.pdf>.*

Please return this form to the applicant or to the ACS Employment Readiness Program Manager at the Main ACS Building, S-311, USAG Humphreys & Area III. For any questions regarding this form, please contact the Employment Readiness Program Manager at DSN 753-3103.

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