



FOR OFFICE USE ONLY	
Date	_____
Permit #	_____
Needs Approval	_____
IP	_____
Fee'd	_____
Case #	_____

APPLICATION FOR BUSINESS OCCUPANCY PERMIT
Form #DCI116 (rev. 01/20)

Permit Fee: \$180.00*

Please **print** all information, with the exception of signatures.

You will be notified when your application is approved; please do not submit payment with permit application.

***If business is conducted prior to obtaining an Occupancy Permit, a penalty fee will be charged in accordance with Chapter 8.04 of the City of Kenosha Zoning Ordinance.**

Address of Business _____ Suite # _____

Business Name _____ <i>(this name will appear on the Certificate of Occupancy)</i>

IMPORTANT: The final Certificate of Occupancy will be mailed to the above address of business unless otherwise specified. Please notify us if mail will not be deliverable at the business address at the time the Certificate of Occupancy is finalized.

Intended Business Use _____ (please be specific)

Former Business Use at this Address _____ Sq. ft. of space _____

Property Owner _____ Tenant/Lessee _____

Owner's Mailing Address _____ Home Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone (_____) _____ Phone (_____) _____

Fax Number/E-mail _____ Fax Number/E-mail _____

This Box for Office Use Only:
Zoning _____ Zoning Review/Approval _____

- IMPORTANT INFORMATION:**
- Building permits are required for additions and most alterations.
 - A separate sign permit is required for all new signs or alterations to existing signs.
 - No commercial alterations or signs are authorized by this application.
 - Any change in use, owner, or occupancy type shall require a new certificate of occupancy.
 - Applicant is responsible for obtaining all applicable Federal, State, and/or City Licenses prior to opening.

If at any time during or after the approval process you determine that you will not proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional \$100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.

I understand that pursuant to Section 8.04 of the Zoning Ordinance for the City of Kenosha, Wisconsin, the building may not be occupied and/or business conducted until all requirements for the Certificate of Occupancy, including all applicable inspections, have been met and the Certificate has been issued by the City Department of Community Development and Inspections.

Signature of Property Owner (Required)

Signature of Tenant/Lessee (Required)



Kenosha Police Department Crime Prevention Unit

Emergency Contact Business Information

Business and Building Information

- Business Name: _____ Business Phone: _____
- Business Type: (for example, retail, office, food service) _____
- Building Name: (if different) _____
- Building Type: (for example, multi-unit, factory, office complex, strip mall, etc.) _____
- Address: _____ Suite # _____

Owners Information

- Business Owner _____
- Address _____ City _____ State _____ Zip Code _____
- Home Phone: _____ Cell Phone: _____ Pager #: _____
- Business E-Mail: _____ Personal E-Mail: _____

- Building Owner (if different) _____
- Address _____ City _____ State _____ Zip Code _____
- Building Phone: _____ Home Phone: _____ Cell Phone: _____
- Pager #: _____ E-Mail Address _____

Business Practice Information

(This information will allow us to better protect your business from crime. Please circle the appropriate answer.)

- Hours of Operation _____
- Times employees (prep-work, or Cleaning service) expected to be on scene _____
- Do you have an ALARM? YES NO If yes, your ALARM COMPANY _____
- Do you have SECURITY STAFF during operating hours? YES NO
- Do you have a SECURITY STAFF or COMPANY after hours? YES NO
- Name of SECURITY COMPANY _____
- Do you have a CLEANING SERVICE? YES NO If yes, their days and hours on scene at your business _____
- Are there any DOGS on the premises? YES NO
- Do you have a SAFE? YES NO

- Do you have any WEAPONS on the premises? YES NO If yes, please explain _____
- Do you have any HAZARDOUS MATERIALS on the premises? YES NO
If yes, what kind _____
Further
Explanation _____
- Do you keep any vehicles on the premises? YES NO If yes, vehicle (s) information: _____
- Any other BUSINESS PRACTICES you would like to share with the POLICE or that you think are important, like lights left on, radio or TV's left on, Secondary entrances used, etc. _____

Key Holder Information

(please list in the preferred order of contact)

1. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

E-Mail: _____

2. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

E-Mail: _____

3. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

E-Mail: _____

4. Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

E-Mail: _____

If any of the above information changes, please contact the Crime Prevention Unit at (262)-657-3937, or e-mail us at watch@kenoshapolice.com