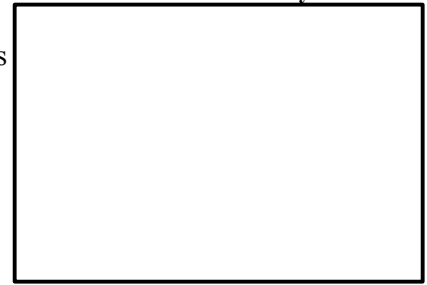




City of Kenosha
Department of Neighborhood Services and Inspections
625 52nd Street, Room 100, Kenosha, WI 53140
Phone: 262.653.4263, Fax: 262.653.4254



APPLICATION FOR BUSINESS OCCUPANCY

Permit Fee: \$150.00

This document must be legible or will be returned.

Please print all information, with the exception of signatures.

All signatures must be original (photocopies or facsimiles are not accepted).

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

Address of Business Suite #

Business Name

Intended Business Use

Property Owner

Tenant/Lessee

Mailing Address

Tenant's/Lessee's Residence

City State Zip

City State Zip

Phone ()

Phone ()

Property Owner's Driver's License #

Check one:

If tenant is sole proprietor, attach a copy of driver's license with this application and list driver's license number:

If tenant is a Wisconsin corporation, partnership, or LLC, attach proof with this application and list the entity/name as tenant/lessee above.

Fax Number/ e-mail

Fax Number/ e-mail

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 have been met and the Certificate has been issued by the City Department of Neighborhood Services and Inspections.

Signature of Property Owner

Signature of Tenant/Lessee

Building permits may be required for alterations and additions.
NO ALTERATIONS OR SIGNS ARE AUTHORIZED BY THIS CERTIFICATE.
IT DOES NOT TAKE THE PLACE OF ANY LICENSE OR PERMIT REQUIRED BY LAW.
ANY CHANGE IN USE OR OCCUPANCY TYPE SHALL REQUIRE A NEW CERTIFICATE.



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