



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

Office Use Only:

**APPLICATION FOR
 OCCUPANCY HOME**

This document must be legible or will be returned.

Home
 Occupancy Address _____

Business Name _____

Intended Business Use _____

Property Owner _____

Applicant _____

Mailing Address _____

Mailing Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Phone (_____) _____

Day Phone (_____) _____

- Applicant must include copy of Driver's License with this application
- Only one immediate family member or employee may be employed

Will customers/clients visit your home? Yes No

How will your home be utilized to conduct the proposed business operation? _____

If business is sales related, list the types of products you will be selling _____

If your business is service related, list the types of services you will be providing _____

If your business requires State licensing, provide a copy of your license with the completed application.

I have read the guidelines as set forth in the "Home Occupation" requirements. I understand that failure to comply with these rules may result in revocation of my Certificate of Occupancy by the Zoning Officer and/or penalties as imposed by the City Attorney's office, and that the City Clerk's will be requested to revoke any licenses that may have been issued based upon my compliance with all the rules and guidelines set forth in my license.

Owner Signature _____
 If the applicant is not the owner of the property, signed
 authorization of owner required.

Applicant Signature _____
 Applicant Name _____
 (Please Print)

By signing this application, the applicant understands that the exterior of the property cannot be utilized for storage of business-related equipment/materials or to conduct business operations.

DESCRIPTION	PRICE PER UNIT	QUANTITY
Home Occupancy	\$ 50.00	_____