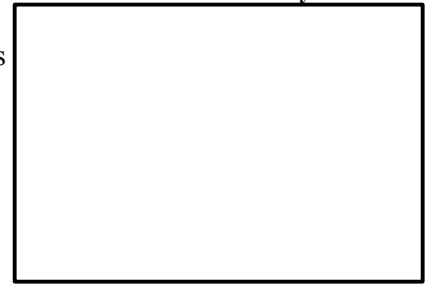




City of Kenosha  
 Department of Neighborhood Services and Inspections  
 625 52nd Street, Room 100, Kenosha, WI 53140  
 Phone: 262.653.4263, Fax: 262.653.4254

Office Use Only:



**APPLICATION FOR  
 BUSINESS OCCUPANCY PERMIT**

Permit Fee: \$180.00

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 (\_\_\_\_\_) \_\_\_\_\_

**Check one:**

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

**Check one:**

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

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

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](mailto:watch@kenoshapolice.com)**