Please Check:				
	New Business			
	New Owner (Existing Business)			
	Name Change Only			
	Location Change			
	Home Business			
	Apartment Building			

**Business Owner Name:** 

<u>NEW BUSINESS: COMMERCIAL OCCUPANCY FEE OF</u> \$205.00 DUE UPON APPLICATION.

PLEASE FILL IN ALL BLANKS COMPLETELY, AS INCOMPLETE APPLICATIONS WILL BE REJECTED AND WILL DELAY OCCUPANCY. POLICE, FIRE, AND BUILDING INSPECTIONS MUST BE COMPLETE BEFORE OCCUPANCY IS ISSUED. (Ord. 14.12.050(C))(Ord. 17.20.080)

## **APPLICANT INFORMATION**

Business Owner Phone:		
Business Name:		
Bus. Address (Physical):		
Mailing Address (if different):		
City, State, Zip:		
Bus. Phone:		
E-Mail:		
Local Contact Person for Business (i	f different):	
Address:		
Phone:		
BUILE	DING OWNER INFORM	MATION
Building Owner Name:		
Building Owner Address:		
City, State, Zip:		
Phone:		
Building is owned by business	owner	Knox Box on Premise

## **BUSINESS INFORMATION**

Is this a Home Based Business? (Please check)  YES NO				
What type of business is this? (Ple Sole Proprietor Partnership	•	Corporation	_ Other	
Proposed/Actual Business Opening	g/Start Date: _			
What is the nature of the business	s? Please prov	ide a basic listing of	services offered:	
Are there any improvements plant If yes, please explain:		sting property?		
Please contact to	red in additior he Village Cler	n to the General Busi k's Office for more i	ness License.	
		DATE: _	<del>-</del>	
	For Office	Use Only		
Date Filed:				
Forwarded to Building Department or Copied to: Fire Inspector			llage Assessor	
Building Inspector Approval: Fire Inspector Approval: PD Approval:				
Occupancy Issued Date:Occupancy Number:Original Application entered into Villa	ge Clerk files.			
<ul> <li>Copy to Twin Lakes Cham</li> </ul>	ber & Business	s Association.		
Please return application & payment	to:	Village of Twin I 108 East Main S PO Box 1024 Twin Lakes, WI		
	For question	s please call the cler	k's office at: (262) 877-285	