



# BUSINESS LICENSE APPLICATION

Annual License Expires **JUNE 30<sup>TH</sup> EACH YEAR**

755 Fellows Rd | PO Box 428

Genoa City, WI 53128

262-279-6472

[www.vi.genoacity.wi.gov](http://www.vi.genoacity.wi.gov)

**Please Check:** ☐ New Business ☐ New Owner ☐ Name Change ☐ Renewal  
☐ Location Change *(Must be approved by Building & Zoning Dept prior to application)*

**Business License Fee: (required for all businesses) \$25** **Due Date: June 15th** **\$10 Late fee if after July 1st**

## Local Business Information

Trade Name/DBA:

Address:

City:

State/Zip:

Email:

Phone:

Local Contact Person:

Phone:

Email:

Type of Business:

## Corporate Business/License Holder Information: (If same as Trade name, you may leave this section blank)

Organization Legal Name/Sole Proprietor Name:

Address:

City:

State/Zip:

Contact Person:

Phone:

Email:

## Mailing Address: (please specify where Licenses, renewal notices... should be mailed)

☐ Local Business Address

☐ Corporate Business Address

☐ Other:

## Building Information

Owner Name:

Address:

City:

State/Zip:

Email:

Phone:

Has the building owner approved the use of the space for your business? ☐ YES ☐ NO

Are there any improvements planned to the existing Property? ☐ YES ☐ NO

If yes, please explain:

## New Business and Location Changes Only

Opening Date: \_\_\_\_\_ Is Property Currently Vacant: ☐ YES ☐ NO

Is this a home-based business? ☐ YES ☐ NO

Have you obtained occupancy through the Building & Zoning Dept? ☐ YES ☐ NO

Date of Inspection: \_\_\_\_\_ If no, please call: 262-210-1741 James DeLuca, Building/Zoning Inspector

## Verification and Signature

The above information is true and correct to the best of my knowledge. The Village of Genoa City is authorized to suspend or revoke a permit or license issued under the provision of its Municipal code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the Village of Genoa City Municipal or Zoning Code; including but not limited to Chapter 129 and §74.53(1)a; §74.09(6); §74.12(10)(a) pertaining to delinquent taxes, assessments and claims.

I understand that I must report any change in business ownership, operation, and/or address immediately to the Village of Genoa City.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please fill out survey on backside →**

# BUSINESS QUESTIONNAIRE

- 1. What are the key issues facing your business in the next three to five years?
  
  
  
  
  
  
  
  
  
  
- 2. What are your overall thoughts regarding the business climate in Wisconsin and this area?
  
  
  
  
  
  
  
  
  
  
- 3. Overall, how do you feel about the community?
  
  
  
  
  
  
  
  
  
  
- 4. Is there anything else you feel is important to address?

For Office Use Only		
Date Filed:_____	Receipt Number:_____	Total Paid: \$_____
Date Forwarded to Building Dept:_____	Building Inspector Approval:_____	
Date Forwarded to Fire Dept:_____	Fire Inspector Approval:_____	
Copy of Application forwarded to Police Dept_____		
Notes/Conditions:_____		
Date License Issued:_____	License No. _____	