



TOWN OF DOVER

4110 South Beaumont Avenue Kansasville, WI 53139

Phone (262) 878-2200 Fax 262-878-2595

Web Site: www.townofdooverwi.com

BUSINESS PLAN OF OPERATION

1.) **NAME OF PROPOSED BUSINESS:** _____

- ADDRESS OF PROPOSED BUSINESS: _____

- NAME OF PROPOSED BUSINESS OPERATOR: _____

- PHONE NO: _____ EMAIL: _____

- MAILING ADDRESS OF BUSINESS OPERATOR: _____

2.) **DESCRIPTION OF BUSINESS/OPERATION:** _____

- TYPE OF BUSINESS: Retail? _____ Office? _____ Industrial? _____ Wholesale? _____
Warehouse? _____ Other: _____

- NEW USE? Yes or No EXPANSION OF EXISTING USE? _____

3.) Hours of Operation: FROM _____ TO _____ DAYS/WEEK

4.) Maximum No. of Employees?: FULL TIME _____ PART TIME _____

5.) Expected Customers per Day? _____

6.) Any Outside Storage? _____ WHAT? _____ WHERE? _____

7.) Any Flammable Substances? _____ WHERE STORED? _____

8.) Building/Grounds Maintenance by: _____

9.) **KNOX BOX:** YES or NO **NEEDED:** YES or NO **LOCATION:** _____

10.) Is the building sprinklered? YES or No If YES, where _____

11.) Any Special Equipment and/or Requirements? _____

Name, Address, Phone Number & Email for Building Owner: _____

COMMENTS: