

**APPLICATION
FOR
BUSINESS PLAN OF OPERATION**

Village Hall
P.O. Box 47
129 West Main Street
Wales, WI 53183
PHONE (262) 968-3968
FAX (262) 968-5649

BUSINESS NAME _____

BUSINESS LOCATION _____

BUSINESS TELEPHONE NUMBER _____

BUSINESS OWNER'S NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE () _____ **E-MAIL** _____

PROPERTY OWNER'S NAME _____

ADDRESS _____

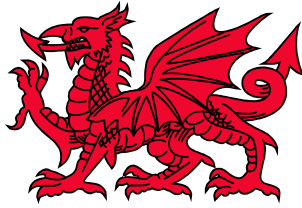
CITY _____ **STATE** _____ **ZIP** _____

PHONE() _____ - _____ **E-MAIL** _____

TAX KEY NUMBER: _____

1. Zoning of Property: _____
2. Zoning of Properties within 300 feet: _____ Abutting Uses _____
3. Dimensions of building area to be occupied: _____
4. Specific use of Property and Buildings: _____

Outdoor Uses: _____
5. Maximum Number of Employees _____ Expected Number of Employees _____
6. Days of Operation: _____
Hours of Operation: _____
7. Number of Parking Spaces Required: _____
8. Signage (Separate Permit Required)
Type: Ground Mounted: _____ Attached to Building _____
Illuminated: Yes _____ No _____
Single or Double-Faced: _____
Size: _____ Location: _____
9. Is there a need for any special type of security fencing? Yes _____ No _____
If yes, what type? _____



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10. Is there a special license required from the Village of Wales or Wisconsin State Licensing Agencies?
Yes _____ No _____ If yes, explain: _____
11. Is this an expansion of an existing operation? Yes _____ No _____
If yes, are there currently any permits under other names, other than what are indicated on this application: Names _____
12. Are there Hazardous Materials being used or stored? Yes _____ No _____
If yes, list _____
13. A Knox Box and Key are required per Village Ordinance.
14. A Fire Inspection is required prior to moving into the location.
15. A Building Inspection is required prior to moving into the location.
16. Please attach a detailed description of the specific plans for the business including details of what type of business will be conducted; number of employees; hours of operation; retail or wholesale business; products to be sold, prepared, manufactured, or repaired on the premises; etc. Outline any effects of odor, smoke, noise, light or vibration resulting from this operation.

Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

ANY AND ALL FEES INCURRED BY THE VILLAGE OF WALES WILL BE BILLED TO THE OWNER OF THE BUSINESS.

Official Use Only:

Plan Commission Meeting Date: _____	Recommendation: Approved _____ Denied _____
Village Board Meeting Date: _____	Recommendation: Approved _____ Denied _____
Fire Department Inspection Date: _____ / Building Inspection Date: _____	
Business Located in the Sewer Utility District: Yes _____ No _____	
Total Parking Spaces for the Property _____ Allocated Spaces for this Business _____	
Remaining Available Spaces at this Property after this Approval _____	
Previous Occupant _____	