City of Beloit Business Permits

Welcome to the City of Beloit. If you conduct business or provide a service within the City of Beloit's jurisdiction you are required to obtain a commercial business permit. Your business permit will be a 5 year permit expiring on August 31, 2016. A \$20.00 fee must be paid for businesses applying between September 1, 2015 and August 31, 2016. Also, City Ordinance 14.02(9) requires all monies owed to the City to be paid before any license or permit is issued. We do not currently permit businesses that operate out of residential properties.

Please select the permit application that <u>best</u> describes your business operations from the list below.

General

- Majority of businesses
- Examples include bank/credit unions, beauty salons, insurance agencies, legal services, retailers, tax services, and any other business that does not fit into the categories listed below.

Food/Beverage Service

- Businesses that prepare or sell food and/or beverage products
- Examples include bars, bakeries, caterers, deli/meat market, and restaurants

Spill Control Prevention Plan (SCPP)

- Any business that has drums of chemicals, oil, etc. stored in quantities of 55 gallons or more
- Any business that has chemicals which may cause issues with sanitary sewer pipes or the wastewater treatment process
- Examples include automotive repair and oil change shops, gas stations, machine shops, and manufacturers
- Permitting fee is double the normal fee (\$40 total)

The following guidelines will assist you in filling out the application.

- 1. All questions must be answered and the form filled out <u>completely</u>. Please mark 'no' or 'none' instead of leaving a question blank. The application must be signed.
- 2. You MUST give accurate information concerning the type of business entity on the application, i.e. corporation, partnership, sole proprietorship, etc.
- 3. For coding purposes, please describe in detail your business or service.
- 4. Please return the permit application and fee to our address listed below:

Business Permit Water Resources Division 2400 Springbrook Ct. Beloit, WI 53511

General Business Permit Application Pages 3 & 4

CITY OF BELOIT – BUSINESS PERMIT APPLICATION GENERAL PERMIT

Please print or type the following information, sign, and return by postal mail to:

Water Resources, 2400 Springbrook Ct. / Beloit, WI 53511

	-			(Office use
Parcel Number NAICS CODE(s)			Permit #	
Business Name		Phone		
Business Address		City	State	Zip
Mailing Address		City	State	Zip
Local Contact Name		Phone		
E-mail address		Website		
Number of employees: Full time Part time		If new business	s, starting/opening da	ate
Days and hours of operation				
If you are a tenant, Property Owner's information:				
Name Address:		P	hone	
Are you currently hooked to City of Beloit sewer? Yes No	Septic			
Do you currently have City of Beloit's water? Yes No	Private well	_		
Who pays the water and sewer bill? Tenant Landlord				
Business Activities: Please give a brief description of ALL business ope	erations:			
Other (please describe)		-		
Other (please describe) Please fill out the appropriate information below with regards to your bu	siness type.	_		
Other (please describe) Please fill out the appropriate information below with regards to your bu CORPORATION: Corporate Name	siness type.	Headquarters'		
Other (please describe)Please fill out the appropriate information below with regards to your bu CORPORATION: Corporate Name Corporate Address	isiness type.	Headquarters' City	Phone	Zip
Other (please describe)	isiness type.	Headquarters' City Agent's Phone	Phone State	Zip
Other (please describe)	siness type.	Headquarters' City Agent's Phone City	PhoneState	Zip Zip
Other (please describe)	siness type.	Headquarters' City Agent's Phone City	PhoneState	Zip Zip
Other (please describe)	o conduct busines	Headquarters' City Agent's Phone City s in Wisconsin'	Phone State State State ? Yes No	Zip Zip
Other (please describe)	o conduct busines	Headquarters' City Agent's Phone City s in Wisconsin'	PhoneState	Zip Zip
Other (please describe) Please fill out the appropriate information below with regards to your bu CORPORATION: Corporate Name Corporate Address Registered Agent Agent's Address If incorporated in another state, are you qualified and in good standing to SOLE PROPRIETORSHIP: Name of owner (Individual name, NOT assumed business name)	o conduct busines	Headquarters' City Agent's Phone City s in Wisconsin'	Phone State State State ? Yes No	Zip Zip
Other (please describe) Please fill out the appropriate information below with regards to your bu CORPORATION: Corporate Name Corporate Address Corporate Address Registered Agent Agent's Address If incorporated in another state, are you qualified and in good standing to SOLE PROPRIETORSHIP: Name of owner (Individual name, NOT assumed business name) Address	o conduct busines	Headquarters' City Agent's Phone City s in Wisconsin'	Phone State State ? Yes No	Zip Zip
Other (please describe) Please fill out the appropriate information below with regards to your bu CORPORATION: Corporate Name Corporate Address Registered Agent Agent's Address If incorporated in another state, are you qualified and in good standing to SOLE PROPRIETORSHIP: Name of owner (Individual name, NOT assumed business name) Address PARTNERSHIP:	o conduct busines	Headquarters' City Agent's Phone City s in Wisconsin'	Phone State State ? Yes No State	Zip Zip
Other (please describe)	s there a WRITTE	Headquarters' City Agent's Phone City s in Wisconsin' hone	Phone State State Yes No State State No State State Magreement Yes	Zip Zip
Corporate Address	s there a WRITTE	Headquarters' City Agent's Phone City s in Wisconsin' hone	Phone State State Yes No State State No State State Magreement Yes	Zip Zip

Application continues on back

Kitchen: Does your facility have	a kitchen and/or cooking ar	reas? Yes No			
IF YES: What type of grease trap)/interceptor does your facili	ty have? INTERIOR	EXTERIOR	None	
APARTMENT COMPLEX: If	you are the owner of an apa	rtment complex, please list t	he number of units:		
OFFICE BUILDING COMPLI	EX and/or MALLS, PLAZ	AS, SHOPPING CENTER	S, etc.:		
If you are the owner of an office the names and addresses of ALL		za, center, or a comparable v	venture, <u>please provide</u>	, on a separate	e sheet of paper,
Amalgam, X-Ray, Lead, Chron	ne:				
Do you use mercury amalgams?	Yes No	Do you have an amalgam	separator?	Yes	No
Do you use lead shields?	Yes No	Do you have on-site x-ray	fixer solution?	Yes	No
Do you use lead foils?	Yes No	Do you have cleaning proc	lucts that contain Chror	ne? Yes	No
Have personnel been trained in m	hercury spill clean-up? Yes _	No			
MANUFACTURING: Are you	engaged in a business that n	nanufactures or processes ray	w material? Yes	No	
If yes, briefly describe the proces	s and materials processed: _				
Does the facility do any metal fin If yes, list work done:			-	ring? Yes	No
Storage Tanks: Does your facili				ze (gallons), a	and contents:
Above ground:					
Below ground:					
Oil Separator: Does your facility					
If yes, what is the cleaning freque	ency	Does it have an ala	m system? Yes I	No	
Wash/Catch/Garage Basin: Do	es your facility have a basin	or floor drains on-site? Yes	No		
If yes, does the wash area have a	catch basin? Yes No	If yes, how many?			
Paint Booth: Does your facility l	have a paint booth on-site?	Yes No			
Does your facility use any potent	ially hazardous and/or toxic	materials, such as solvents,	antifreeze, acids, bases,	etc.: Yes	No
If yes, list materials, if necessary	use a separate sheet of pape	er:			
If you have toxic materials, does If Yes , please attach procedure on List ANY chemicals or liquids ste Chemical Name	r Spill Control Prevention Pl ored/used in bulk greater that	lan to application.		1	

The applicant does hereby acknowledge that they understand that anyone who discharges to the City's sewerage system must comply with all Ordinance provisions and regulations of the City, including but not limited to any zoning or building code requirements. The issuance of a discharge permit shall not be construed in any manner as an authorization or consent to discharge within the City of Beloit without fully complying with all City ordinances, provisions, and regulations.

I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE TRUE.

By: _____ Date

Date: _____

PLEASE PRINT Title and FULL name including middle initial

Name of Applicant (if different)

FAX Copies will NOT be accepted

Food/Beverage Service Business Permit Application Pages 6 & 7

CITY OF BELOIT - BUSINESS PERMIT APPLICATION FOOD/BEVERAGE SERVICE

Please print or type the following information, sign, and return by postal mail to:

Water Resources, 2400 Springbrook Ct. / Beloit, WI 53511

Business Address	Phone	State	Zip _ Zip
Business Address	City City Phone Website If new business, starting Phone Phone ietorship Non-Pro- Headquarters' Phone	State	Zip _ Zip
Mailing Address	City Phone Website If new business, starting Phone Phone etorship Non-Pro- Headquarters' Phone	State	Zip
Local Contact Name Pho E-mail address Well Number of employees: Full time Part time If ne If ne Days and hours of operation Part time If ne If you are a tenant, Property Owner's information: Name Address: Name Address: Are you currently hooked to City of Beloit sewer? Yes No Septic Do you currently have City of Beloit's water? Yes No Private well Monopays the water and sewer bill? Tenant Landlord Business Activities: Please give a brief description of ALL business operations:	Phone	arting/opening date	
E-mail address	Website	arting/opening date	
Number of employees: Full time Part time If not Days and hours of operation If you are a tenant, Property Owner's information: Name Address: Address:	If new business, starting Phone ietorship Non-Pro	arting/opening date	
Days and hours of operation	Phone ietorship Non-Pro Headquarters' Phone	ne	
Who pays the water and sewer bill? Tenant Landlord Business Activities: Please give a brief description of ALL business operations:	Phone ietorship Non-Pro Headquarters' Phone		
Name	 ietorship Non-Pro Headquarters' Phone		
Are you currently hooked to City of Beloit sewer? Yes No Septic Do you currently have City of Beloit's water? Yes No Private well Who pays the water and sewer bill? Tenant Landlord Business Activities: Please give a brief description of ALL business operations: Please indicate your business type: Corporation Partnership Sole Proprietorsh Other (please describe) Please fill out the appropriate information below with regards to your business type. CORPORATION: Corporate Name	 ietorship Non-Pro Headquarters' Phone		
Do you currently have City of Beloit's water? Yes No Private well Who pays the water and sewer bill? Tenant Landlord Business Activities: Please give a brief description of ALL business operations: Please indicate your business type: Corporation Partnership Sole Proprietorsh Other (please describe) Please fill out the appropriate information below with regards to your business type. CORPORATION: Corporate Name	ietorship Non-Pro Headquarters' Phone	1-Profit	
	ietorship Non-Pro	ı-Profit	
Business Activities: Please give a brief description of ALL business operations: Please indicate your business type: Corporation Partnership Sole Proprietorsh Other (please describe) Please fill out the appropriate information below with regards to your business type. CORPORATION: Corporate Name Hea	Headquarters' Phone	1-Profit	
Please indicate your business type: Corporation Partnership Sole Proprietorsh Other (please describe) Please fill out the appropriate information below with regards to your business type. CORPORATION: Corporate Name Hea	Headquarters' Phone	n-Profit	
Other (please describe)Please fill out the appropriate information below with regards to your business type. CORPORATION: Corporate Name Hea	Headquarters' Phone	n-Profit	
	City	one State	
Registered Agent Age	Agent's Phone		
Agent's Address City	City	State	_Zip
If incorporated in another state, are you qualified and in good standing to conduct business in	-		-
SOLE PROPRIETORSHIP:			
(Individual name, NOT assumed business name)	Phone		
	Phone		_
Address City	Phone Sta		
PARTNERSHIP:	Sta	_ State Zip	p
Address City PARTNERSHIP: Type of partnership Is there a WRITTEN p Names, home addresses, and phone number of ALL the partners (please use a separate page if	Sta ΓΕΝ partnership agreemer	_ State Zip	p

Application continues on back

FOOD HANDLERS/RETAILERS:

Does your facility have a kitchen and/or cooking areas? Yes No
Restaurant Seating Capacity: or Residents/Patients/Clients served:
Do you serve: Breakfast Lunch Dinner
How many grease traps/interceptors are located at your facility: INTERIOR EXTERIOR None
Other grease removal system(s) such as automatic removal devices:
Name of Hauler that services your trap/interceptor:
Name of Company that cleans your grill hood and/or roof vents:
What fixtures are located in your business?
Pre-wash sink Dishwasher Multi-compartment sinks Garbage Disposal
Other:
Catch Basin: Does your facility have catch basins or floor drains on-site? Yes No
If Yes , how many and where are they located?
If you have toxic materials, does your facility have a fire, accidental spill, or reporting procedure? Yes No
If Yes , please attach procedure or SCPP to application.
List ALL chemicals or liquids stored/used in bulk greater than 25 gallons: (Please use another page if necessary)
Chemical Name Quantity Pounds or gallons
Here your facility visited or here manufized by any least state or federal econoises in the next 5 years for environmental visited or 2
Has your facility violated or been penalized by any local, state, or federal agencies in the past 5 years for environmental violations? Yes No
If yes, when and by whom:
The applicant does hereby acknowledge that he/she understands that anyone who discharges to the City's sewerage system must comply with all Ordinance provisions and regulations of the City, including any zoning or building code requirements. The issuance of a discharge permit shall not be construed in any
manner as an authorization or consent to discharge within the City of Beloit without fully complying with all City ordinances, provisions, and regulations.
I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS
MADE HEREIN ARE TRUE.
By: Date:

Authorized signature

PLEASE PRINT Title and FULL name including middle initial

Name of Applicant (if different)

FAX Copies will NOT be accepted

Spill Control Prevention Plan (SCPP) Business Permit Application Pages 9 & 10

CITY OF BELOIT - BUSINESS PERMIT APPLICATION BUSINESSES REQUIRING A SPILL CONTROL PREVENTION PLAN (SCPP)

Please <u>print</u> or <u>type</u> the following information, sign, and return by postal mail to:

Water Resources, 2400 Springbrook Ct. / Beloit, WI 53511

			(Office use)
Parcel Number NAICS CODE(s)			Permit # _	
Business Name		Phone		
Business Address		City	State	Zip _
Mailing Address		City	State	Zip_
Local Contact Name		Phone		
E-mail address		Website		
Number of employees: Full time Part time		If new business	s, starting/opening d	ate
Days and hours of operation				
If you are a tenant, Property Owner's information:				
Name Address:		P	hone	
Are you currently hooked to City of Beloit sewer? Yes No	Septic			
Do you currently have City of Beloit's water? Yes No	Private well			
Who pays the water and sewer bill? Tenant Landlord	-			
Business Activities: Please give a brief description of ALL business	operations:			
	_	-	Non-Profit	
Other (please describe) Please fill out the appropriate information below with regards to you CORPORATION:	r business type.			
Other (please describe) Please fill out the appropriate information below with regards to you CORPORATION: Corporate Name	r business type.	Headquarters' 1	Phone	
Other (please describe) Please fill out the appropriate information below with regards to you CORPORATION: Corporate Name	r business type.	Headquarters' 1		
Other (please describe)Please fill out the appropriate information below with regards to you CORPORATION: Corporate NameCorporate Address	r business type.	Headquarters' I City	Phone	Zip
Other (please describe)	r business type.	Headquarters' I City Agent's Phone	Phone State	Zip
Other (please describe)	r business type.	Headquarters' I City Agent's Phone City	Phone State State	Zip
Other (please describe)	r business type.	Headquarters' I City Agent's Phone City	Phone State State	Zip
Other (please describe) Please fill out the appropriate information below with regards to you CORPORATION: Corporate Name Corporate Address Registered Agent Agent's Address If incorporated in another state, are you qualified and in good standin SOLE PROPRIETORSHIP:	r business type.	Headquarters' I City Agent's Phone City ness in Wisconsin?	Phone State State	Zip Zip
Other (please describe) Please fill out the appropriate information below with regards to you CORPORATION: Corporate Name Corporate Address Registered Agent Agent's Address If incorporated in another state, are you qualified and in good standin SOLE PROPRIETORSHIP:	r business type.	Headquarters' I City Agent's Phone City ness in Wisconsin?	Phone State State State ? Yes No	Zip Zip
Other (please describe)	r business type.	Headquarters' I City Agent's Phone City ness in Wisconsin?	Phone State State State ? Yes No	Zip Zip
Other (please describe) Please fill out the appropriate information below with regards to you CORPORATION: Corporate Name Corporate Address Corporate Address Registered Agent Agent's Address If incorporated in another state, are you qualified and in good standin SOLE PROPRIETORSHIP: Name of owner (Individual name, NOT assumed business name) Address	r business type.	Headquarters' I City Agent's Phone City ness in Wisconsin?	Phone State State ? Yes No	Zip Zip
Other (please describe)	r business type.	Headquarters' I City Agent's Phone City ness in Wisconsin?	Phone State State ? Yes No State	Zip Zip Zip
Corporate Address Registered Agent Agent's Address If incorporated in another state, are you qualified and in good standin SOLE PROPRIETORSHIP: Name of owner	r business type.	Headquarters' I City Agent's Phone City ness in Wisconsin?	Phone State State ? Yes No State agreement Yes	Zip Zip Zip

Xitchen: Does your facility have a kitchen and/or cooking areas? Yes No
F YES: What type of grease trap/interceptor does your facility have? INTERIOR EXTERIOR None
IANUFACTURING: Are you engaged in a business that manufactures or produces raw materials? Yes No
f yes, briefly describe the process and materials processed:
Does the facility do any metal finishing or molding, casting, plating, coating, or electronic component manufacturing? Yes No
f yes, list work done:
torage Tanks: Does your facility have storage tanks? Yes No If yes, include the number of tanks, size (gallons), and contents
bove ground:
Below ground:
Dil Separator: Does your facility have an oil (motor) separator hooked to the sewer? Yes No
f yes, what is the cleaning frequency Does it have an alarm system? Yes No
Vash/Catch/Garage Basin: Does your facility have a basin on-site? Yes No
f yes, does the wash area have a catch basin? Yes No If yes, how many?
Paint Booth: Does your facility have a paint booth on-site? Yes No
Does your facility use any potentially hazardous and/or toxic materials, such as solvents, antifreeze, acids, bases, etc.: Yes No
f yes, list materials, if necessary use a separate sheet of paper:
Explain manner in which material is disposed:
Name of Licensed Hauler:
f you have toxic materials, does your facility have a fire, accidental spill, or reporting procedure? Yes No
f Yes, please attach procedure or Spill Control Prevention Plan to application.
ist ANY chemicals or liquids stored/used in bulk greater than 25 gallons: (Please use another page if necessary)
Chemical Name Quantity Pounds or gallons
he applicant does hereby acknowledge that they understand that anyone who discharges to the City's sewerage system must comply with all Ordinance

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I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE TRUE.

By: _

Authorized signature

Date: _____

PLEASE PRINT Title and FULL name including middle initial

Name of Applicant (if different)

FAX Copies will NOT be accepted