

# 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 best 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 completely. 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, starting/opening date* \_\_\_\_\_

**Days and hours of operation** \_\_\_\_\_

If you are a tenant, Property Owner's information:

**Name** \_\_\_\_\_ **Address:** \_\_\_\_\_ **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 Proprietorship \_\_\_\_\_ Non-Profit \_\_\_\_\_

Other (please describe) \_\_\_\_\_

Please fill out the appropriate information below with regards to your business type.

**CORPORATION:**

**Corporate Name** \_\_\_\_\_ **Headquarters' Phone** \_\_\_\_\_

**Corporate Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Registered Agent** \_\_\_\_\_ **Agent's Phone** \_\_\_\_\_

**Agent's Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

If incorporated in another state, are you qualified and in good standing to conduct business in Wisconsin? Yes \_\_\_\_\_ No \_\_\_\_\_

**SOLE PROPRIETORSHIP:**

**Name of owner** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
(Individual name, NOT assumed business name)

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PARTNERSHIP:**

Type of partnership \_\_\_\_\_ Is there a WRITTEN partnership agreement Yes \_\_\_\_\_ No \_\_\_\_\_

Names, home addresses, and phone number of ALL the partners (please use a separate page if necessary):

Name	Home Address	Home Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Application continues on back**

**Kitchen:** Does your facility have a kitchen and/or cooking areas? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES: What type of grease trap/interceptor does your facility have? **INTERIOR** \_\_\_\_\_ **EXTERIOR** \_\_\_\_\_ None \_\_\_\_\_

**APARTMENT COMPLEX:** If you are the owner of an apartment complex, please list the number of units: \_\_\_\_\_

**OFFICE BUILDING COMPLEX and/or MALLS, PLAZAS, SHOPPING CENTERS, etc.:**

If you are the owner of an office building, shopping mall, plaza, center, or a comparable venture, **please provide**, on a separate sheet of paper, the names and addresses of ALL tenants.

**Amalgam, X-Ray, Lead, Chrome:**

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 products that contain Chrome? Yes \_\_\_\_\_ No \_\_\_\_\_

Have personnel been trained in mercury spill clean-up? Yes \_\_\_\_\_ No \_\_\_\_\_

**MANUFACTURING:** Are you engaged in a business that manufactures or processes raw material? Yes \_\_\_\_\_ No \_\_\_\_\_

If 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 \_\_\_\_\_

If yes, list work done: \_\_\_\_\_

**Storage Tanks:** Does your facility have storage tanks? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, include the number of tanks, size (gallons), and contents:

Above ground: \_\_\_\_\_

Below ground: \_\_\_\_\_

**Oil Separator:** Does your facility have an oil (motor) separator hooked to the sewer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the cleaning frequency \_\_\_\_\_ Does it have an alarm system? Yes \_\_\_\_\_ No \_\_\_\_\_

**Wash/Catch/Garage Basin:** Does 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 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 \_\_\_\_\_

If yes, list materials, if necessary use a separate sheet of paper: \_\_\_\_\_

If you have toxic materials, does your facility have a fire, accidental spill, or reporting procedure? Yes \_\_\_\_\_ No \_\_\_\_\_

If **Yes**, please attach procedure or Spill Control Prevention Plan to application.

List ANY chemicals or liquids stored/used in bulk greater than 25 gallons: (Please use another page if necessary)

Chemical Name	Quantity	Pounds or gallons

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: \_\_\_\_\_  
Authorized signature

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

(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, starting/opening date \_\_\_\_\_

Days and hours of operation \_\_\_\_\_

If you are a tenant, Property Owner's information:

Name \_\_\_\_\_ Address: \_\_\_\_\_ 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 Proprietorship \_\_\_\_\_ Non-Profit \_\_\_\_\_

Other (please describe) \_\_\_\_\_

Please fill out the appropriate information below with regards to your business type.

**CORPORATION:**

Corporate Name \_\_\_\_\_ Headquarters' Phone \_\_\_\_\_

Corporate Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Registered Agent \_\_\_\_\_ Agent's Phone \_\_\_\_\_

Agent's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If incorporated in another state, are you qualified and in good standing to conduct business in Wisconsin? Yes \_\_\_\_\_ No \_\_\_\_\_

**SOLE PROPRIETORSHIP:**

Name of owner \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Individual name, NOT assumed business name)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PARTNERSHIP:**

Type of partnership \_\_\_\_\_ Is there a WRITTEN partnership agreement Yes \_\_\_\_\_ No \_\_\_\_\_

Names, home addresses, and phone number of ALL the partners (please use a separate page if necessary):

Name	Home Address	Home Phone
------	--------------	------------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

_____	_____	_____
-------	-------	-------

**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
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: \_\_\_\_\_  
Authorized signature

Date: \_\_\_\_\_

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 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, starting/opening date \_\_\_\_\_

Days and hours of operation \_\_\_\_\_

If you are a tenant, Property Owner's information:

Name \_\_\_\_\_ Address: \_\_\_\_\_ 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 Proprietorship \_\_\_\_\_ Non-Profit \_\_\_\_\_

Other (please describe) \_\_\_\_\_

Please fill out the appropriate information below with regards to your business type.

**CORPORATION:**

Corporate Name \_\_\_\_\_ Headquarters' Phone \_\_\_\_\_

Corporate Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Registered Agent \_\_\_\_\_ Agent's Phone \_\_\_\_\_

Agent's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If incorporated in another state, are you qualified and in good standing to conduct business in Wisconsin? Yes \_\_\_\_\_ No \_\_\_\_\_

**SOLE PROPRIETORSHIP:**

Name of owner \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Individual name, NOT assumed business name)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PARTNERSHIP:**

Type of partnership \_\_\_\_\_ Is there a WRITTEN partnership agreement Yes \_\_\_\_\_ No \_\_\_\_\_

Names, home addresses, and phone number of ALL the partners (please use a separate page if necessary):

Name \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Application continues on back**

**Kitchen:** Does your facility have a kitchen and/or cooking areas? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YES: What type of grease trap/interceptor does your facility have? **INTERIOR** \_\_\_\_\_ **EXTERIOR** \_\_\_\_\_ None \_\_\_\_\_

**MANUFACTURING:** Are you engaged in a business that manufactures or produces raw materials? Yes \_\_\_\_\_ No \_\_\_\_\_

If 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 \_\_\_\_\_

If yes, list work done: \_\_\_\_\_

**Storage Tanks:** Does your facility have storage tanks? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, include the number of tanks, size (gallons), and contents:

Above ground: \_\_\_\_\_

Below ground: \_\_\_\_\_

**Oil Separator:** Does your facility have an oil (motor) separator hooked to the sewer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the cleaning frequency \_\_\_\_\_ Does it have an alarm system? Yes \_\_\_\_\_ No \_\_\_\_\_

**Wash/Catch/Garage Basin:** Does your facility have a basin 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 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 \_\_\_\_\_

If yes, list materials, if necessary use a separate sheet of paper: \_\_\_\_\_

Explain manner in which material is disposed: \_\_\_\_\_

Name of Licensed Hauler: \_\_\_\_\_

If you have toxic materials, does your facility have a fire, accidental spill, or reporting procedure? Yes \_\_\_\_\_ No \_\_\_\_\_

If **Yes**, please attach procedure or Spill Control Prevention Plan to application.

List ANY chemicals or liquids stored/used in bulk greater than 25 gallons: (Please use another page if necessary)

<b>Chemical Name</b>	<b>Quantity</b>	<b>Pounds or gallons</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: \_\_\_\_\_  
Authorized signature

Date: \_\_\_\_\_

PLEASE PRINT Title and FULL name including middle initial

\_\_\_\_\_  
Name of Applicant (if different)

FAX Copies will **NOT** be accepted