



BUSINESS LICENSE APPLICATION

Annual License Expires **JUNE 30TH EACH YEAR**

755 Fellows Rd | PO Box 428

Genoa City, WI 53128

262-279-6472

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: 262-279-6472

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 Sec. 18-42 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. _____