



819 SUPERIOR AVE
TOMAH, WI 54660
608-374-7420

GENERAL BUSINESS PERMIT APPLICATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____ DATE BUSINESS OPENED: _____

PREVIOUS BUSINESS NAME (if applicable): _____

TYPE OF BUSINESS: _____ BUSINESS FEIN: _____

BUSINESS OWNER'S NAME: _____

ADDRESS: _____ EMAIL: _____

HOME/CELL: _____ WORK: _____

BUILDING

BUILDING OWNER'S NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____ AFTER HOURS PHONE: _____

Is any part of the building used as a residence? YES: NO:

If yes, please explain: _____

Is there an alarm system? YES: NO: ALARM COMPANY: _____

TYPE OF ALARM: _____ ALARM CO. PHONE: _____

Does your business maintain surveillance video? YES: NO:

If yes, how long? _____

Is there hazardous materials/conditions? YES: NO: (if yes, please attach additional information)

Special circumstances regarding the business (if any): _____

KEY HOLDERS IN CALL ORDER

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____



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REQUIRED APPLICATION ATTACHMENTS TO BE SUBMITTED BY APPLICANT

- Completed fire inspection from Tomah Fire Department
- \$19.13 application fee (checks or money orders may be made payable to City of Tomah)

I hereby certify and affirm that the information provided on this application is true and correct. Any change in information should be reported to the city clerk's office by phone at (608) 374-7509 or email at njacobs@tomahwi.gov, who will immediately report the change to the police department, fire department, and zoning administrator.

APPLICANT SIGNATURE

DATE

FOR OFFICIAL USE ONLY

Filed with Police Department:

Received by: _____ Date: _____

Zoning Administrator signature: _____ Date: _____

City Clerk signature: _____ Date: _____

Receipt Number: _____