

**CITY OF TOMAH**  
**819 Superior Avenue, Tomah, WI 54660**  
**GENERAL BUSINESS PERMIT APPLICATION**

**Fee of \$15.00 payable at time of filing original application. Rev.02/19**

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Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: Tomah State: Wisconsin Zip Code: 54660

Telephone #: \_\_\_\_\_ Date Business Opened: \_\_\_\_\_

Prior Business Name and/or Location (If Applicable): \_\_\_\_\_

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Type of Business: \_\_\_\_\_

Business Owners Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Business FEIN #: \_\_\_\_\_

Building Owners Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ After Hours Phone: \_\_\_\_\_

Is any part of the building used as a residence? Yes: \_\_\_ No: \_\_\_

If yes, please explain: \_\_\_\_\_

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Is there an alarm system? Yes: \_\_\_ No: \_\_\_ Alarm Company: \_\_\_\_\_

Type of Alarm: \_\_\_\_\_ Alarm Co. Phone #: \_\_\_\_\_

Does your business maintain surveillance video? Yes: \_\_\_ No: \_\_\_

If so, how long? \_\_\_\_\_

Is there hazardous materials/conditions? Yes: \_\_\_ No: \_\_\_ (If yes, attach additional information.)

Special Circumstances Regarding the Business (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Key-holders in call order:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

**Any change in information should be reported to the City Clerk's office at, Phone: (608) 374-7509, Fax: (608) 374-7424, or E-Mail: njacobs@tomahonline.com, who will immediately report the change to the Police Department, Fire Department, and Assessor's office.**

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**FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Application Processed by: \_\_\_\_\_