

CITY OF TOMAH
GENERAL BUSINESS PERMIT APPLICATION

BUSINESS NAME: _____

Address: _____

City: Tomah State: Wisconsin Zip Code: 54660

Telephone #: _____ Date Business Opened: _____

Prior Business Name and/or Location (If Applicable) _____

Type of Business: _____

Business Owners Name: _____

Home Address: _____

Telephone No.: _____

Building Owner: Name: _____

Address: _____

Daytime Phone: _____ After Hours Phone: _____

Is any part of the building used as a residence Yes No

If Yes please explain _____

Alarm System: Yes _____ No _____ Alarm Company: _____

Type Of Alarm: _____ Alarm Co. Phone: _____

Hazardous Materials/Conditions: Yes No If yes attach additional information

Key-holders in call order:

Name: _____

Phone: _____ Pager: _____ Cell: _____

Name: _____

Phone: _____ Pager: _____ Cell: _____

Name: _____

Phone: _____ Pager: _____ Cell: _____

Any change in information should be reported to the City Clerk's office at Phone 374-7426 or FAX 374-7424 who will immediately report the change to the City of Tomah Police Dept. and the Fire Dept.

Special Circumstances Regarding the Business (if any):

Fee of \$10.00 payable at time of filing application.

FOR OFFICE USE ONLY

Date Received: _____

Permit Fee Paid: _____ Receipt #: _____

Date Business Registered: _____

Application Processed by: _____