



TOWN HALL OFFICE  
2445 S. AFTON ROAD  
BELOIT, WISCONSIN 53511-8666  
PHONE: 608-364-2980  
FAX: 608-364-2999

General Business License  
Application

Fee: \$30.00

(Late Fee: \$10.00)

License expires Annually

License # \_\_\_\_\_

**INSTRUCTIONS: This form must be completed in its entirety and returned to the Town Hall office with the \$30.00 fee in order for your request to be processed. Please PRINT clearly.**

ORIGINAL APPLICATION

RENEWAL (DUE BY 01/31)

CHANGE IN BUSINESS

**BUSINESS**

Business Name:

Business  
Address:

City/ST/Zip: BELOIT WI 53511

Business  
Phone:

Business  
Email  
Address:

Emergency  
Phone:

**BUSINESS OWNER**

Business Owner's First/M/Last Name:

Owner's Home  
Address:

City/ST/Zip:

WI Seller's Permit  
#:

Federal ID #:

**BUILDING OWNER**

Building Owner's First/M/Last Name:

Building Owner's  
Address:

City/ST/Zip:

Emergency  
Phone:

Email  
Address:

**BUSINESS INFORMATION**

1. Is this business operated out of your home? YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes, please answer the following questions. If no, go to #2.)

Does the general public come to your home for your business? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any outside employees? YES \_\_\_\_\_ NO \_\_\_\_\_

(An outside employee is defined as an employee who is not a member of the immediate family residing on the premises.)

Do you have any business related supplies and/or equipment stored on-site other than enclosed in a building? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any exterior signage related to this business? YES \_\_\_\_\_ NO \_\_\_\_\_  
(If yes, are they Seasonal or Permanent? \_\_\_\_\_)

2. Type of Business? Please list the basic services offered:

*If your business is on site food preparation related, you must provide us a copy of your Rock County Health Department license.*

3. List any chemicals or hazardous materials located on the property and their location:

**BUSINESS MANAGER**

First/M/Last  
Name:

Cell  
Phone:

**Property Owner Key Holder Information for Fire Department**

Key Holder #1 Name:

Phone:

Email Address:

Key Holder #2 Name:

Phone:

Email Address:

Key Holder #3 Name:

Phone:

Email Address:

**Business Owner Keyholder Information for Fire Department**

Key Holder #1 Name:

Phone:

Email Address:

Key Holder #2 Name:

Phone:

Email Address:

Key Holder #3 Name:

Phone:

Email Address:

*Based on the zoning district this business is located in and the type of business applied for, a conditional use permit may be required.*

*If you have food, cigarettes or alcoholic beverages there are other licenses required. Please contact the Town Clerk's Office. ([kdevault@townofbeloitwi.gov](mailto:kdevault@townofbeloitwi.gov))*

**Applicant's** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Property Owner's** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Receipt No: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Cash or Check # \_\_\_\_\_

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