



BUSINESS REGISTRATION APPLICATION
(Required if you operate a permanent business within the City)

Application Date: _____ Parcel Number: 211 - _____

Ownership Type: Corporation LLC Sole Proprietor Partnership Other _____

Applicant Name: _____ Applicant's Phone No. _____

NAME OF LOCAL BUSINESS: _____ Date Opened: _____

Type of Business (Hotel, retail, office, restaurant, bar, other) _____

Detailed Description: _____

Local Business Address: _____

(_____) Street City, State Zip Code

(_____) Business Phone No. (_____) Fax Number (_____) E-Mail

Website Address (if any): _____

Hours of Operation: Days of the Week: _____ Time Open: _____ am/pm until _____ am/pm

Days of the Week: _____ Time Open: _____ am/pm until _____ am/pm

MEMBERS

Company Officers, Directors, Managers:

Title Name Home Address City, State Zip Code Home Phone No.

Pres./Owner _____

Vice Pres. _____

Mgr./Secy. _____

Other _____

Federal ID number: _____ or if individual Social Security number _____

WI Sellers Permit Number: _____

IN CASE OF EMERGENCY (Must be local key holders)

Must List 3 Contacts: Main Contact _____ Phone (_____) _____

(List in order by contact) (2) Contact Name _____ Phone (_____) _____

(3) Contact Name _____ Phone (_____) _____

GENERAL INFORMATION

Number of Employees: (incl. owners if employed at business) _____

No. of Units if hotel, motel, resort _____ If business is seasonal, length of season: From _____ to _____

Business appropriately zoned? _____ Permits required for improvements to: exterior, interior, additions? _____

Alarm system on premises? _____ Type of alarm: _____

Name of Alarm Company _____ Alarm Co. Phone No. (_____) _____

Fire Sprinkler Systems Installed? Name locations: _____

Materials Stored on Premises: _____

Hazardous Materials/Chemicals Stored or Used? If so, what: _____

BUILDING OWNER – if leasing or renting (Use back side to list other City of Chetek building locations)

Name _____ Mailing Address _____ City, State _____ Zip Code _____
Daytime Telephone No. (____) _____ After-hours Telephone No. (____) _____
Fax No. _____ E-Mail Address _____

Please list all company locations affiliated with your business operations in the City (i.e.: warehouses, apartment buildings, offices).

Type _____
Address _____ Phone (____) _____
Street City, State Zip Code

Type _____
Address _____ Phone (____) _____
Street City, State Zip Code

Type _____
Address _____ Phone (____) _____
Street City, State Zip Code

I certify under penalty of perjury that the information provided herein is true, correct and complete to the best of my knowledge. Any change in information will be reported immediately to the City of Chetek Clerk's office.

Signature Print Name & Title

OFFICE USE ONLY: Date Received: _____ By _____ Dept. _____

Notified: Comm. Dev. _____ Clerk _____ Fire _____ Police _____ Other _____