

City of Beloit Business Permits

Welcome to the City of Beloit. If you conduct business or provide a service within the City of Beloit's jurisdiction you are required to obtain a commercial business permit. Your business permit will be a 5 year permit expiring on August 31, 2021. A \$100.00 fee must be paid for businesses requiring a General or Food/Beverage Service permit. Also, City Ordinance 14.02(9) requires all monies owed to the City to be paid before any license or permit is issued. We do not currently permit businesses that operate out of residential properties.

Please select the permit application that best describes your business operations from the list below.

General

- Majority of businesses
- Examples include bank/credit unions, beauty salons, insurance agencies, legal services, retailers, tax services, and any other business that does not fit into the categories listed below.

Food/Beverage Service

- Businesses that prepare or sell food and/or beverage products
- Examples include bars, bakeries, caterers, deli/meat market, and restaurants

Spill Control Prevention Plan (SCPP)

- Any business that has drums of chemicals, oil, etc. stored in quantities of 55 gallons or more
- Any business that has chemicals which may cause issues with sanitary sewer pipes or the wastewater treatment process
- Examples include automotive repair and oil change shops, gas stations, machine shops, and manufacturers
- Permitting fee is double the normal fee (\$200 total)

The following guidelines will assist you in filling out the application.

1. All questions must be answered and the form filled out completely. Please mark 'no' or 'none' instead of leaving a question blank. The application must be signed.
2. You **MUST** give accurate information concerning the type of business entity on the application, i.e. corporation, partnership, sole proprietorship, etc.
3. For coding purposes, please describe in detail your business or service.
4. Please return the permit application and fee to our address listed below:

Water Resources Business Permit
2400 Springbrook Ct.
Beloit, WI 53511

Business Permit Applications

General: Print pages 3 & 4

Food/Beverage Service: Print pages 5 & 6

Spill Control Prevention Plan (SCPP): Print pages 7 & 8

**CITY OF BELOIT – BUSINESS PERMIT APPLICATION
GENERAL PERMIT**

Please print or type the following information, sign, and return by postal mail to:

Water Resources Business Permit / 2400 Springbrook Ct. / Beloit, WI 53511

(Office use)

Parcel Number _____ **NAICS Code(s)** _____ **Permit #** _____

Business Name (DBA) _____ **Phone** _____

Business Address _____ **City** _____ **State** _____ **Zip** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Website _____ *If new business, starting/opening date* _____

Local Contact Name _____ **Phone** _____

E-mail Address _____

Days and hours of operation _____

If you are a tenant, Property Owner's information:

Name _____ Address: _____ Phone _____

Are you currently hooked to City of Beloit sewer? Yes _____ No _____ Septic _____

Do you currently have City of Beloit water? Yes _____ No _____ Private well _____

Who pays the water and sewer bill? Tenant _____ Landlord _____

Business Activities - Please give a brief description of **ALL** business operations (use a separate page if necessary):

Please indicate your business type: Corporation _____ Partnership _____ Sole Proprietorship _____ Non-Profit _____

Other (please describe) _____

Please fill out the appropriate information below with regards to your business type.

CORPORATION:

Corporate Name _____ Headquarters' Phone _____

Corporate Address _____ City _____ State _____ Zip _____

Registered Agent _____ Agent's Phone _____

Agent's Address _____ City _____ State _____ Zip _____

If incorporated in another state, are you qualified and in good standing to conduct business in Wisconsin? Yes _____ No _____

SOLE PROPRIETORSHIP:

Name of owner _____ Home Phone _____
(Individual name, NOT assumed business name)

Home Address _____ City _____ State _____ Zip _____

PARTNERSHIP:

Type of partnership _____ Is there a WRITTEN partnership agreement Yes _____ No _____

Names, home addresses, and phone number of ALL the partners (please use a separate page if necessary):

Name	Home Address	Home Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application continues on back

Kitchen: Does your facility have a kitchen and/or cooking areas? Yes _____ No _____

IF YES: What type of grease trap/interceptor does your facility have? **INTERIOR** _____ **EXTERIOR** _____ None _____

APARTMENT COMPLEX: If you are the owner of an apartment complex, please list the number of units: _____

OFFICE BUILDING COMPLEX and/or MALLS, PLAZAS, SHOPPING CENTERS, etc.:

If you are the owner of an office building, shopping mall, plaza, center, or a comparable venture, **please provide**, on a separate sheet of paper, the names and addresses of ALL tenants.

Amalgam, X-Ray, Lead, Chrome:

Do you use mercury amalgams? Yes _____ No _____ Do you have an amalgam separator? Yes _____ No _____

Do you use lead shields? Yes _____ No _____ Do you have on-site x-ray fixer solution? Yes _____ No _____

Do you use lead foils? Yes _____ No _____ Do you have cleaning products that contain Chrome? Yes _____ No _____

Have personnel been trained in mercury spill clean-up? Yes _____ No _____

MANUFACTURING: Are you engaged in a business that manufactures or processes raw material? Yes _____ No _____

If yes, briefly describe the process and materials processed: _____

Does the facility do any metal finishing or molding, casting, plating, coating, or electronic component manufacturing? Yes _____ No _____

If yes, list work done: _____

Storage Tanks: Does your facility have storage tanks? Yes _____ No _____ If yes, include the number of tanks, size (gallons), and contents:

Above ground: _____

Below ground: _____

Oil Separator: Does your facility have an oil (motor) separator hooked to the sewer? Yes _____ No _____

If yes, what is the cleaning frequency _____ Does it have an alarm system? Yes _____ No _____

Wash/Catch/Garage Basin: Does your facility have a basin or floor drains on-site? Yes _____ No _____

If yes, does the wash area have a catch basin? Yes _____ No _____ If yes, how many? _____

Paint Booth: Does your facility have a paint booth on-site? Yes _____ No _____

Does your facility use any potentially hazardous and/or toxic materials, such as solvents, antifreeze, acids, bases, etc.: Yes _____ No _____

If yes, list materials, if necessary use a separate sheet of paper: _____

If you have toxic materials, does your facility have a fire, accidental spill, or reporting procedure? Yes _____ No _____

If **Yes**, please attach procedure or Spill Control Prevention Plan to application.

List ANY chemicals or liquids stored/used in bulk greater than 25 gallons: (Please use another page if necessary)

Chemical Name	Quantity	Pounds or gallons

The applicant does hereby acknowledge that they understand that anyone who discharges to the City's sewerage system must comply with all Ordinance provisions and regulations of the City, including but not limited to any zoning or building code requirements. The issuance of a discharge permit shall not be construed in any manner as an authorization or consent to discharge within the City of Beloit without fully complying with all City ordinances, provisions, and regulations.

I DECLARE UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS MADE HEREIN ARE TRUE.

By: _____
Authorized signature

Date: _____

PLEASE PRINT Title and FULL name including middle initial

Name of Applicant (if different)

FAX Copies will NOT be accepted

**CITY OF BELOIT - BUSINESS PERMIT APPLICATION
FOOD/BEVERAGE SERVICE**

Please print or type the following information, sign, and return by postal mail to:

Water Resources Business Permit / 2400 Springbrook Ct. / Beloit, WI 53511

(Office use)

Parcel Number _____ **NAICS Code(s)** _____ **Permit #** _____

Business Name (DBA) _____ **Phone** _____

Business Address _____ **City** _____ **State** _____ **Zip** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Website _____ *If new business, starting/opening date* _____

Local Contact Name _____ **Phone** _____

E-mail Address _____

Days and hours of operation _____

If you are a tenant, Property Owner's information:

Name _____ **Address:** _____ **Phone** _____

Are you currently hooked to City of Beloit sewer? Yes _____ No _____ Septic _____

Do you currently have City of Beloit water? Yes _____ No _____ Private well _____

Who pays the water and sewer bill? Tenant _____ Landlord _____

Business Activities - Please give a brief description of **ALL** business operations (use a separate page if necessary):

Restaurant _____ Carry Out _____ Delivery _____ Catering _____ Cafeteria _____ Deli _____ Bakery _____

Other (please describe) _____

Please indicate your business type: Corporation _____ Partnership _____ Sole Proprietorship _____ Non-Profit _____

Other (please describe) _____

Please fill out the appropriate information below with regards to your business type.

CORPORATION:

Corporate Name _____ **Headquarters' Phone** _____

Corporate Address _____ **City** _____ **State** _____ **Zip** _____

Registered Agent _____ **Agent's Phone** _____

Agent's Address _____ **City** _____ **State** _____ **Zip** _____

If incorporated in another state, are you qualified and in good standing to conduct business in Wisconsin? Yes _____ No _____

SOLE PROPRIETORSHIP:

Name of owner _____ **Home Phone** _____
(Individual name, NOT assumed business name)

Home Address _____ **City** _____ **State** _____ **Zip** _____

PARTNERSHIP:

Type of partnership _____ **Is there a WRITTEN partnership agreement** Yes _____ No _____

Names, home addresses, and phone number of ALL the partners (please use a separate page if necessary):

Name	Home Address	Home Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application continues on back

FOOD HANDLERS/RETAILERS:

Does your facility have a kitchen and/or cooking areas? Yes _____ No _____

Restaurant **Seating** Capacity: _____ or Residents/Patients/Clients served: _____

Do you serve: Breakfast _____ Lunch _____ Dinner _____

How many grease traps/interceptors are located at your facility: **INTERIOR** _____ **EXTERIOR** _____ None _____

Other grease removal system(s) such as automatic removal devices: _____

Name of Hauler that services your trap/interceptor: _____

Name of Company that cleans your grill hood and/or roof vents: _____

What fixtures are located in your business?

Pre-wash sink _____ Dishwasher _____ Multi-compartment sinks _____ Garbage Disposal _____

Other: _____

Catch Basin: Does your facility have catch basins or floor drains on-site? Yes _____ No _____

If **Yes**, how many and where are they located? _____

If you have toxic materials, does your facility have a fire, accidental spill, or reporting procedure? Yes _____ No _____

If **Yes**, please attach procedure or SCPP to application.

List ALL chemicals or liquids stored/used in bulk greater than 25 gallons: (Please use another page if necessary)

Chemical Name	Quantity	Pounds or gallons
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your facility violated or been penalized by any local, state, or federal agencies in the past 5 years for environmental violations?

Yes _____ No _____

If yes, when and by whom: _____

The applicant does hereby acknowledge that he/she understands that anyone who discharges to the City’s sewerage system must comply with all Ordinance provisions and regulations of the City, including any zoning or building code requirements. The issuance of a discharge permit shall not be construed in any manner as an authorization or consent to discharge within the City of Beloit without fully complying with all City ordinances, provisions, and regulations.

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By: _____
Authorized signature

Date: _____

PLEASE PRINT Title and FULL name including middle initial

Name of Applicant (if different)

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**CITY OF BELOIT - BUSINESS PERMIT APPLICATION
BUSINESSES REQUIRING A SPILL CONTROL PREVENTION PLAN (SCPP)**

Please print or type the following information, sign, and return by postal mail to:

Water Resources Business Permit / 2400 Springbrook Ct. / Beloit, WI 53511

(Office use)

Parcel Number _____ **NAICS Code(s)** _____ **Permit #** _____

Business Name (DBA) _____ **Phone** _____

Business Address _____ **City** _____ **State** _____ **Zip** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Website _____ *If new business, starting/opening date* _____

Local Contact Name _____ **Phone** _____

E-mail Address _____

Days and hours of operation _____

If you are a tenant, Property Owner's information:

Name _____ Address: _____ Phone _____

Are you currently hooked to City of Beloit sewer? Yes _____ No _____ Septic _____

Do you currently have City of Beloit water? Yes _____ No _____ Private well _____

Who pays the water and sewer bill? Tenant _____ Landlord _____

Business Activities - Please give a brief description of **ALL** business operations (use a separate page if necessary):

Please indicate your business type: Corporation _____ Partnership _____ Sole Proprietorship _____ Non-Profit _____

Other (please describe) _____

Please fill out the appropriate information below with regards to your business type.

CORPORATION:

Corporate Name _____ Headquarters' Phone _____

Corporate Address _____ City _____ State _____ Zip _____

Registered Agent _____ Agent's Phone _____

Agent's Address _____ City _____ State _____ Zip _____

If incorporated in another state, are you qualified and in good standing to conduct business in Wisconsin? Yes _____ No _____

SOLE PROPRIETORSHIP:

Name of owner _____ Home Phone _____
(Individual name, NOT assumed business name)

Home Address _____ City _____ State _____ Zip _____

PARTNERSHIP:

Type of partnership _____ Is there a WRITTEN partnership agreement Yes _____ No _____

Names, home addresses, and phone number of ALL the partners (please use a separate page if necessary):

Name	Home Address	Home Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application continues on back

Kitchen: Does your facility have a kitchen and/or cooking areas? Yes _____ No _____

IF YES: What type of grease trap/interceptor does your facility have? **INTERIOR** _____ **EXTERIOR** _____ None _____

MANUFACTURING: Are you engaged in a business that manufactures or produces raw materials? Yes _____ No _____

If yes, briefly describe the process and materials processed: _____

Does the facility do any metal finishing or molding, casting, plating, coating, or electronic component manufacturing? Yes _____ No _____

If yes, list work done: _____

Storage Tanks: Does your facility have storage tanks? Yes _____ No _____ If yes, include the number of tanks, size (gallons), and contents:

Above ground: _____

Below ground: _____

Oil Separator: Does your facility have an oil (motor) separator hooked to the sewer? Yes _____ No _____

If yes, what is the cleaning frequency _____ Does it have an alarm system? Yes _____ No _____

Wash/Catch/Garage Basin: Does your facility have a basin on-site? Yes _____ No _____

If yes, does the wash area have a catch basin? Yes _____ No _____ If yes, how many? _____

Paint Booth: Does your facility have a paint booth on-site? Yes _____ No _____

Does your facility use any potentially hazardous and/or toxic materials, such as solvents, antifreeze, acids, bases, etc.: Yes _____ No _____

If yes, list materials, if necessary use a separate sheet of paper: _____

Explain manner in which material is disposed: _____

Name of Licensed Hauler: _____

If you have toxic materials, does your facility have a fire, accidental spill, or reporting procedure? Yes _____ No _____

If **Yes**, please attach procedure or Spill Control Prevention Plan to application.

List ANY chemicals or liquids stored/used in bulk greater than 25 gallons: (Please use another page if necessary)

Chemical Name	Quantity	Pounds or gallons
_____	_____	_____
_____	_____	_____
_____	_____	_____

The applicant does hereby acknowledge that they understand that anyone who discharges to the City's sewerage system must comply with all Ordinance provisions and regulations of the City, including but not limited to any zoning or building code requirements. The issuance of a discharge permit shall not be construed in any manner as an authorization or consent to discharge within the City of Beloit without fully complying with all City ordinances, provisions, and regulations.

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By: _____
Authorized signature

Date: _____

PLEASE PRINT Title and FULL name including middle initial

Name of Applicant (if different)

FAX Copies will **NOT** be accepted