

KENOSHA COUNTY DIVISION OF HEALTH
8600 SHERIDAN ROAD, SUITE 600
KENOSHA, WI 53143-6515
(262) 605-6700

LICENSE OR PERMIT APPLICATION

Instructions: Please answer all of the following questions and send it to the above address with your remittance payable to the Kenosha County Division of Health. Please type your answers or print clearly.

1. **NAME OF BUSINESS (DBA):** _____

2. **TELEPHONE NUMBER:** _____

3. **LOCATION OF BUSINESS:**

Street Address _____ City _____ State _____ Zip _____

4. **MAILING ADDRESS (If same as business location, write "same"):**

Street Address _____ City _____ State _____ Zip _____

5. **BUSINESS TYPE:** Corporation LLC Sole Proprietorship Partnership Other

NAME OF CORPORATION OR OWNER: _____

OWNER/AGENT INFORMATION:

a. _____
Name Home Street Address City State Zip

b. _____
Date of Birth Telephone Number Social Security Number

c. _____
Drivers License Number

1. If licensee is a partnership, provide the above information for each and every partner: (Attach a separate sheet if necessary).
2. If licensee is a corporation, provide the corporation's name and address, a list of corporate officer's, and the authorized representative's name and address (Attach a separate sheet if necessary).

d. Type of license requested: _____

e. Hours of Operation: _____

f. Have you had a Food/Hotel/Pool, etc. permit in another County or State? YES NO

g. If Yes, where? _____

h. Have you ever had a license revoked or suspended? YES NO

i. If yes, please explain the circumstances: _____

6. PROPERTY OWNER:

(If property owner is a CORPORATION, also list REGISTERED AGENT'S name and address)

Name

Street Address

City

State

Zip Code

7. LOCAL MANAGER OR CONTACT PERSON:

Name

Address

Phone Number

Date of Birth

Social Security Number

Driver's License Number

8. TOTAL FEES DUE: \$ _____ \$ _____ \$ _____ \$ _____
 License Fee Admin. Fee Pre-Insp. Fee Total Fee

In making this application, I understand that I must comply with all applicable federal, state and local laws. Failure to do so could result in license suspension or revocation. Additionally, I understand that this business is subject to the provisions of Chapter 16 of the Municipal Code of Kenosha County. I certify that all information on this form is true and correct. If it is found that inaccurate information has been provided, I understand that my license will be suspended or revoked.

SIGNATURE OF LICENSEE

DATE

(FOR OFFICE USE ONLY)

HFS ID# _____ DATCP ID# _____ DOC ID# _____

APPROVED BY _____ DATE _____

EFFECTIVE DATE ____ / ____ / ____

DISTRICT: E ME C MW W

CHECK NUMBER _____ CHECK DATE ____ / ____ / ____ AMOUNT PAID _____