

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 (KCDOH). Please type your answers or print clearly.

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

2. **TELEPHONE NUMBER:** _____

3. **LOCATION OF BUSINESS:** _____

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

Street Address	City	State	Zip
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Street Address	City	State	Zip
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5. **BUSINESS TYPE:**
 Corporation
 LLC
 Sole Proprietorship
 Partnership
 Other

NAME OF CORPORATION OR OWNER: _____

OWNER/AGENT INFORMATION:

a. _____

Name	Street Address	City	State	Zip
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b. / / () - _____

Date of Birth	Telephone #	EMAIL ADDRESS (Optional)
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c. Type of license requested: _____

d. Hours of Operation: _____

6. **LOCAL MANAGER OR CONTACT PERSON:**

Name	Address	Phone Number
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7. 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**

CREDIT CARD PAYMENTS ACCEPTED

Pay online at: <https://client.pointandpay.net/web/kenoshacohealthwi>

Charge will appear as Point-n-Pay on credit card statement.

Note: A 3% Convenience Fee will be added to your license renewal fees.

For additional credit card payment assistance contact 262-605-6700.

More Information – Kenosha County Environmental Health Services Website
<http://www.co.kenosha.wi.us/index.aspx?NID=332>

(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 _____