



OCCUPANCY PERMIT INFORMATION

VILLAGE OF GREENDALE
6500 NORTHWAY
GREENDALE, WISCONSIN 53129
(414) 423-2100 www.greendale.org

IF YOU ARE PLANNING TO DO MORE THAN PAINT THE SPACE---CALL INSPECTIONS 414-423-2100

IF YOU ARE PLANNING TO SELL FOOD---CALL THE HEALTH DEPARTMENT

(SEE ATTACHED APPLICATION AND CONTACT INFORMATION)

Please follow the steps below to obtain occupancy for the space.

Health Department Questions

If you plan to serve food, please contact:

Peter Feldhusen 414-302-8653 or pfeldhusen@westalliswi.gov regarding all food licensing requirements

Annual License July 1 – June 30

Requirements vary per type of food being served.

Building Inspection Check List

- No Extension Cords
- Exit/Emergency Lights Operable
- 36 inches of clearance in front of electrical panels
- Toilet Rooms functioning and must have hot water, working exhaust fan, general cleanliness.
If the space has a toilet room it must be accessible to the public.
- Mop sink shall be clean and free of debris. Faucet must be functioning.
- Hand washing sink approved by state plumbing code (if handling food).
- Fire Extinguisher(s) must be up to date.
- Safety release on gate operable (if applicable).
- Exit doors lock in good working order (lever style handle)
- Rear exit door shall be shut at all times.
- Corridor cleared of all items at all times.
- Store should be clean and have Merchandise displayed.
- Inspection from the Building Inspection Dept.414-423-2100
- You may not open until we give you a certificate of occupancy and approval from the Health Dept (if selling food) and any other necessary licenses. Please call 5 business days prior to opening date.**

Do you plan to have a sign? If yes, a Sign Permit is required.

Clerk's Office Questions

Do you plan to serve beer, wine, or liquor?

Do you plan to have any scales or meters at your business?

Do you plan to sell tobacco products?

If you answered Yes to any of the above questions contact the Clerk's office at 414-423-2100



OCCUPANCY PERMIT APPLICATION

VILLAGE OF GREENDALE
6500 NORTHWAY
GREENDALE, WISCONSIN 53129
(414) 423-2100x3107 www.greendale.org

PERMIT NO. _____

DATE: _____

PLEASE FILL OUT THE INFORMATION BELOW COMPLETELY.

Building Owner:	Business Name:
Contact Person:	Address of Premises to be Occupied:
Address:	Portion of Building/Space Number to be Occupied:
City, State, Zip:	Owner Name:
Email:	Owner Address:
Phone:	City, State, Zip:
	Email:
Previous occupant:	Phone:

The undersigned hereby makes application for a Certificate of Occupancy in accordance with the requirements of section 15.14 of the Greendale Municipal Code. The undersigned agrees that the premises described shall not be occupied until a Certificate of Occupancy has been issued.

Signature of Owner

Signature of Applicant

Please Print _____

Retail Business – Commercial – Manufacturing
Special Community Event

Permit Fee: \$190.00 Occupancy / \$80.00 6 months or less
Permit Fee: \$80.00 Temporary use

Type of Business: _____

Briefly describe operation of Business _____

Machinery, Equipment, Etc. to be installed: _____

Number of Employees: _____ Anticipated Opening Date: _____

Number of Parking Spaces to be provided (only parking spaces dedicated to tenant space or property can be counted) _____

Is a sign needed? _____ If yes, have you applied for a Sign Permit? _____

DO NOT WRITE BELOW THIS LINE

Building Inspector: _____ Electrical Inspector: _____

Plumbing Inspector: _____ Health Dept.: _____

Fire Inspector: _____

Approved by Building Inspector _____ Date _____

Permit Fee \$ _____ Date Paid _____ Receipt Number _____



APPLICATION FOR FOOD RELATED PERMITS

INSTRUCTIONS: Please complete this application and return it to the above address with your remittance in the form of a check or money order, made payable to: **CITY OF WEST ALLIS. DO NOT SEND CURRENCY.**

PLEASE TYPE OR PRINT.

LICENSEE INFORMATION	
NAME (If partnership, list all partners, give corporation name)	
AGENT (If Corporation)	AGENT CELL / PHONE NUMBER ()
ADDRESS	
CITY, STATE, ZIP CODE	
EMAIL	

ESTABLISHMENT INFORMATION	
NAME	
ADDRESS	
CITY, STATE, ZIP CODE	
CELL / PHONE NUMBER ()	EMERGENCY CELL / PHONE NUMBER ()

Please include the following items on this checklist when you submit the application.

- 1. **Payment:** be sure payment is made out to "City of West Allis" (check or money order only)
- NA 2. **Menu:** list the items you will be serving or selling; or, include a copy of your menu
- NA 3. **Set of plans:** equipment placement and layout of the kitchen, serving areas, food storage areas, etc.
- 4. **Schedule a pre-license inspection** with your inspector (inspection that is needed to open to the public)
- 5. **Consultations available prior to opening,** please schedule with your inspector

Date you wish to be licensed to open for business: _____

SIGNATURE OF OPERATOR OR AGENT COMPLETING THIS APPLICATION

Name

Date

(FOR OFFICE USE ONLY)

PERMIT CATEGORY	CHECK ALL APPLICABLE PERMIT FEES	2018 PERMIT FEE TOTAL	2018 PERMIT FEE	SAF 10%	PREINSPECTION FEE
RESTAURANTS					
Pre-Packaged	<input type="checkbox"/>	\$220	\$200	\$20.00	\$200
Low Complexity	<input type="checkbox"/>	\$330	\$300	\$30.00	\$250
Moderate Complexity	<input type="checkbox"/>	\$451	\$410	\$41.00	\$300
High Complexity	<input type="checkbox"/>	\$718	\$653	\$65.30	\$375
Mobile	<input type="checkbox"/>		Same as restaurant depending upon complexity		
Mobile Base	<input type="checkbox"/>		Same as restaurant depending upon complexity		
TEMPORARY FOOD ESTABLISHMENTS					
"For Profit" Organizations					
Temporary Food Establishment - <u>annual permit</u>	<input type="checkbox"/>	\$198	\$180	\$18.00	n/a
"Not For Profit" Organizations					
Temporary Food Establishment serving meals by exempt group for 1-3 days per year	<input type="checkbox"/>	\$0	\$0	\$0.00	n/a
Temporary Food Establishment serving retail food by exempt group 1-12 days per year	<input type="checkbox"/>	\$0	\$0	\$0.00	n/a
Temporary Food Establishment serving meals by exempt group for 4+ days per year - <u>annual permit</u>	<input type="checkbox"/>	\$198	\$180	\$18.00	n/a
Temporary Food Establishment serving retail food by exempt group for 13+ days per year - <u>annual permit</u>	<input type="checkbox"/>	\$198	\$180	\$18.00	n/a
Special Organization Serving Meals (4-12 days per year at one location)	<input type="checkbox"/>	\$204	\$186	\$18.60	n/a
Temporary or Mobile Food Establishment Inspection Fee	<input type="checkbox"/>	\$50	\$50	n/a	n/a
Additional Kitchen Area	<input type="checkbox"/>	\$88	\$80	\$8.00	n/a
DPI School - Production Kitchen	<input type="checkbox"/>	\$718	\$653	\$65.30	n/a
DPI School - Reheat Only	<input type="checkbox"/>	\$330	\$300	\$30.00	n/a
RETAIL FOOD					
w/ Annual Sales > \$1,000,000 processing PHF	<input type="checkbox"/>	\$1,027	\$934	\$93.40	\$375
w/ Annual Sales > \$25,000 < \$1,000,000 processing PHF	<input type="checkbox"/>	\$396	\$360	\$36.00	\$412
w/ Annual Sales > \$25,000 w/ processing but no PHF	<input type="checkbox"/>	\$295	\$268	\$26.80	\$206
w/ Annual Sales < \$25,000 processing PHF	<input type="checkbox"/>	\$220	\$200	\$20.00	\$155
w/ Annual Sales < \$25,000 w/ processing but no PHF	<input type="checkbox"/>	\$129	\$117	\$11.70	\$155
Retail Food w/out processing	<input type="checkbox"/>	\$97	\$88	\$8.80	\$103
Sanitation Inspection for Liquor Establishments	<input type="checkbox"/>	\$50	\$50	n/a	n/a
Operating Food Establishment w/out permit (plus PI and permit fees)	<input type="checkbox"/>	\$749	\$749	n/a	n/a
Operating w/out Certified Restaurant Manager when required	<input type="checkbox"/>	\$155	\$155	n/a	n/a
TOTAL ALL APPLICABLE FEES					
The permit year is from July 1 to the following June 30. All permits expire on June 30 annually. Operation requires a permit.					
NOTE: ALL NEW FOOD ESTABLISHMENTS, OR THOSE HAVING A CHANGE OF OPERATOR, MUST BE INSPECTED BEFORE OPENING FOR BUSINESS. A SIGNED AND DATED REPORT OF AN AUTHORIZED SANITARIAN INDICATING THAT THE ESTABLISHMENT MEETS STATE AND VILLAGE OF GREENDALE REGULATIONS IS REQUIRED BEFORE THE PERMIT CAN BE ISSUED.					



SIGN PERMIT APPLICATION

VILLAGE OF GREENDALE
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PERMIT NO. _____

DATE: _____

PLEASE FILL OUT THE INFORMATION BELOW COMPLETELY.

Sign Company Name:	Business Name:
Contact Person:	Address at sign location:
Address:	Owner Name:
City, State, Zip:	Address:
Email:	City, State, Zip:
Phone:	Email:
	Phone:

TYPE OF SIGN: Building (attached) Free Standing (detached) Window
 Painted Façade Shopping Mall (Indoor only) Individual letters

Temporary- If temporary, length of time _____
 Other _____

SIGN DIMENSIONS: Length _____ Height _____ Sq. Ft. _____ No. of Faces _____

LETTER SIZE: Width _____ Height _____ Logo Dimensions _____

SIGN COLORS: Letters _____ Background _____ Other _____

ILLUMINATED SIGN: Yes No If yes: Type of light _____ Wattage _____

MISCELLANIOUS INFORMATION AT SIGN LOCATION:

Length of Building Façade _____ ft. Height of Building _____ ft.

Window Area _____ sq. ft. Sign is on North _____ South _____ East _____ West _____ side of building

Are there any existing signs on the property? Yes No if yes, describe on the back of this copy.

ESTIMATED COST OF SIGN: \$ _____

SUBMISSION REQUIREMENTS:

Please submit 1 copy of each of the following items with application.

Scale drawing of the sign.

Scale drawing of building façade with proposed sign.

Plat of survey (detached signs only). Indicate sign location and setbacks.

DO NOT WRITE BELOW THIS LINE

Approved by Building Inspector _____ Date _____

Permit Fee \$ _____ Date Paid _____ Receipt Number _____

(Account #223.01)