

**PLAN OF BUSINESS OPERATION
VILLAGE OF ROBERTS
ROBERTS, WI 54023**

-
1. Name of Business Operation: _____
 2. Address of Operation: _____
 3. Name and Address of Owner/Application: _____
_____ Phone Number: _____
 4. Name and Address of Building Owner: _____

 5. New Use? _____ Or Expansion of Existing Use? _____
 6. Retail? _____, Wholesale? _____, Manufacturing? _____ Other _____
 7. Description of Operation: _____

 8. Outside Storage? _____. If yes, what is stored and where? _____
_____ How is it screened? _____
 9. Expected # of Trucks/Day: _____ When? _____ And, # of Autos/Day _____
 10. Overnight Parking of: Trucks _____ Autos _____ Equipment _____
 11. Available Offstreet Parking Spaces: _____ Offstreet Loading Spaces _____
 12. Expected Hours of Operation: _____ AM to _____ PM, _____ Days/Week _____
 13. Maximum # of Employees: Full Time _____ Part Time _____
 14. Sewer Disposal by: Public Sewer _____ Holding Tank _____
 15. Water Supply by: Public Water Main _____ Private Well _____
 16. Method and Sequence of Solid Waste Disposal: _____

 17. Flammable Substance Storage _____ Where _____ Type of Container _____
 18. Hazardous Materials Used _____ Stored _____ Quantity _____
 19. Method of Building/Grounds Maintenance: _____
 20. Any Special or Required Provisions or other pertinent information _____

 21. Method of Property Security _____

Signature of Owner/Applicant: _____

Submitted for Review on: _____ / _____ / _____ **Zoning** _____

Approved by Planning Commission: _____ / _____ / _____ **Notes:** _____

Approved by Village Board: _____ / _____ / _____

NOTE: Under State Statues (SS134.65) Cigarette Licenses must be obtained. Applications may be obtained from the Village Clerk.