



COMMERCIAL BUSINESS PERMIT APPLICATION

For the permit cycle beginning September 1, 2025 and expiring August 31, 2027. Any commercial or industrial business within the City of Beloit or those outside the City who are connected to the sanitary sewer is required to have a Business Permit issued by the City of Beloit Water Resources Division. The permittee shall comply with all applicable regulations and standards contained in the City of Beloit Chapter 29 Code of General Ordinances, NR 211, 40 CFR 403, and 33 U.S.C. §1251 et seq. (Clean Water Act) as amended. Operating without a valid permit is prohibited and may result in enforcement action and/or termination of utility service.

Permit Types

(Please check only one applicable permit)

- Standard Permit**-Issued to businesses such as offices, brokerages, retail stores, and other businesses that provide goods and services. Permit Fee is **\$100**.
- Food Permit**-Issued to businesses whose primary function is to prepare and provide food and beverage on-site for delivery, take-out, or consumption on premises. Permit Fee is **\$100**.
- SCPP Permit**-Issued to businesses that use and/or store 55 gallons or more of chemicals or potentially hazardous waste on-site. A Spill Control Prevention Plan (SCPP) must be submitted to the Environmental Staff. The permit fee for this permit is also adjusted to include the increased administrative work and periodic inspections. Permit fee is **\$200**.

Please check one of the following:

New Permit Application Permit Renewal Current Permit # _____

Business name: _____ Phone: _____

Owner of business: _____ Phone: _____

Physical address: _____

Mailing address: _____

Email address: _____

Local contact for this business: _____ Phone: _____

Property owner: _____ Phone: _____

Property owner address: _____

Number of employees:	0-5	6-19	20-50	51-100	101-300	300+
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1. Please check one of the following:

- For-Profit Business
 Non-Profit Organization
 Governmental/Institutional Facility

2. NAICS # (North American Industry Classification System) _____

3. Business activities. Check all that apply:

Auto repair/auto body	Food/beverage	Office
Apartment/housing	Health care/fitness/pool	Painting/decorating
Brewery/winery	Heating/plumbing	Photo processing
Cardboard/paper	Hotel/motel	Plastic molding
Church	Laboratory	Printing/binding
Construction/remodeling	Landscaping	Retail
Day care	Laundry (commercial)	School
Dental	Machine shop	Screen printing
Electronic manufacturing	Marble/stone cutting	Vehicle washing
Dry cleaners	Medical testing	Warehouse
Electroplating	Metal finishing	Wood working
Fabricated metals	Nonferrous die casting	Veterinary

Other: _____

4. Connected to sanitary sewer: Yes No

5. Provide a brief description of all operations at this facility:

6. List any chemicals or materials that have a reasonable potential to enter the sewer. If none, please write N/A.

7. Is a wastewater pretreatment device used prior to discharge to the sewer? Examples-grease traps, sedimentation traps, pH adjustment, Catch Basins/Oil Separators, silver recovery, metals precipitation, etc. Yes No

Grease Traps
Sedimentation Traps
pH Adjustment
Catch Basins/Oil Separators
Other:
Other:

8. Does your facility generate or store any hazardous materials, such as petroleum products, solvents, parts washer or chemicals?

Yes No If yes, please indicate type of waste:

9. Is any Hazardous waste hauled off site? Yes No

If yes, by whom: _____

10. Do you have a Spill Control Prevention Plan (SCPP) in place? : Yes No

CERTIFICATION: I certify under penalty of law that this form was prepared under my direction or supervision in accordance with a system designed to assure that a qualified person properly gathered the information submitted. Based on my inquiry of the person who manage the system, or those people directly responsible for gathering the information, the information submitted, to the best of my knowledge and belief, is true, accurate and complete. I am aware there are significant penalties for submitting false information, including the possibility of fines or imprisonment for knowing violations.

Print name: _____ Title: _____

Signature: _____ Date: _____

Optional

11. Is the business woman-owned, Veteran owned or a certified minority owned business? Check all that apply :

To be certified as a minority owned business, your company must be at least 51% owned, operated and controlled by a minimum of one U.S. citizen whose ethnic background is at least 25% Asian – Indian, Asian-Pacific, Black, Hispanic or Native American. This information will be used to report statistics on minority business ownership within the City. The data will help us better serve our businesses and search out economic assistance opportunities.

<input type="checkbox"/>	Veteran
<input type="checkbox"/>	Woman
<input type="checkbox"/>	Black American
<input type="checkbox"/>	Hispanic American
<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian-Pacific American
<input type="checkbox"/>	Asian Indian American

Please return the completed form with permit fee, signature, and date to:

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

Please make checks payable to: City of Beloit