PLAN OF BUSINESS OPERATION VILLAGE OF HAMMOND HAMMOND, WI 54015

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.		Or Expansion (of Existing Use?
5. 6.		Or Expansion of Existing Ose?Other	
0. 7.	Description of Operation:		
8.	Outside Storage? If yes, what is How is it scree		?
9.	Expected # of Trucks/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 Disp	oosal:	
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 othe	er pertinent inforn	nation
21.	Method of Property Security		
	Signature of Owner/Applicant:		
	ted for Review on: / /		
rov	ed by Planning Commission:	1 1	Notes:

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