



15 South School Street, PO box 273, Mayville WI 53050

Phone: 920.387.7900 Fax: 920.387.7919

[WWW.MAYVILLECITY.COM](http://WWW.MAYVILLECITY.COM)

Hello Business Owner,

On behalf of the City of Mayville I want to welcome you to our community or to your new location within the City. I want to express our gratitude and full support on your business adventure. I would like to encourage you to check out the city website at [www.mayvillecity.com](http://www.mayvillecity.com). You will find a lot of information about the City of Mayville and surrounding communities.

I would also like to point out that the City of Mayville offers a downtown façade program with matching funds up to \$5,000. We also have a new home incentive program that will give 1% back to the property owner on new home construction. Currently, we are working on a revolving loan program for all businesses in Mayville that will allow low interest loans dependent on approval.

If there is anything I can do to be of assistance, please feel free to call my office. I have an open-door policy and I am committed to solving all issues.

Thanks again!

Respectfully,

Rob Boelk  
Mayor of Mayville

# CERTIFICATE OF COMMERCIAL OCCUPANCY APPLICATION



Staff Use Only

Submittal date: \_\_\_\_\_

Permit #: \_\_\_\_\_

**THIS APPLICATION IS NOT AN  
APPROVED PERMIT**

City of Mayville  
15 South School Street  
Mayville, WI 53050  
(920) 387-7900

**APPLICATION FEE: \$**  
*Application fee to be paid upon submittal*

Permit requirements: Fire and Building (Property, Mechanical, Electrical, Plumbing) inspections are required prior to issuance of the Certificate of Commercial Occupancy or Business License. This application is **NOT** a permit and the premises shall not be occupied until all required inspections are made and all discrepancies (if any) are corrected. Application fee is non-refundable. This application will expire in sixty (60) days from date of submittal. Failure to comply with these regulations will result in a penalty (City Code: Article XXI, 430-142). Commercial Occupancy can be denied/delayed if listed individual(s) in this application are indebted to the city for any fees arising from any services provided to them by the City of Mayville.

**REASON FOR APPLICATION:**

**OCCUPANCY TYPE:**

- New occupancy       New ownership  
 Temporary/Seasonal     Expansion  
 Relocation from: \_\_\_\_\_

- Retail                       Resale                       Restaurant                       Service  
 Office                       Religious                       Industrial  
 Other \_\_\_\_\_

**BUSINESS & APPLICANT INFORMATION**

Name of Business/Occupancy: \_\_\_\_\_

Description of business: \_\_\_\_\_

Building Address: \_\_\_\_\_

Suite #: \_\_\_\_\_

Zip code: \_\_\_\_\_

Applicant name: \_\_\_\_\_

Applicant phone number: \_\_\_\_\_

Applicant mailing address: \_\_\_\_\_

Zip code: \_\_\_\_\_

Applicant email: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Sellers Permit Number (if applicable): \_\_\_\_\_

Contact for inspections:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

- YES, the occupancy / business involves the sale, storage, or use of the following (Please check all that apply below)
- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Food sales/preparation | <input type="checkbox"/> Poisonous or hazardous chemicals/acids | <input type="checkbox"/> Outdoor seating  | <input type="checkbox"/> Outdoor storage |
| <input type="checkbox"/> Alcohol sales          | <input type="checkbox"/> Flammable or combustible liquids       | <input type="checkbox"/> Compressed gases |  |

NO, the occupancy/business does NOT involve the sale, storage or use of the above mentioned.

A copy of the Sales Tax Certification is required when submitting an application for Commercial Occupancy.

Sales Tax Number: \_\_\_\_\_ - \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Typical hours of operation: \_\_\_\_\_

**SITE INFORMATION**

Site Parcel #:

Property owner name:

Property owner mailing address:

Zip code:

Property owner email:

Property owner phone number:

Will you be making structural interior or exterior changes to the site?  Yes  No If so, list the changes: \_\_\_\_\_

Additional plumbing fixtures added?  Yes  No If so, list the changes: \_\_\_\_\_

Have you applied for building permits?  Yes  No If so, when: \_\_\_\_\_

Square footage of space to be occupied by applicant: \_\_\_\_\_ SQ Number of parking spaces available to applicant \_\_\_\_\_

A Site Plan is required when submitting an application of Commercial Occupancy.

As APPLICANT for a Certificate of Commercial Occupancy and/or Business License, I certify under penalty of perjury that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City Codes in any way and that I must comply with all codes, ordinances, and regulations of the City of Mayville, Wisconsin.

I, \_\_\_\_\_, (Printed name of applicant) certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date:

As BUILDING OWNER of the subject property, I certify that this form has been completed to the best of my knowledge. I understand that completion of this form does not exempt me from the City Codes in any way and that I must comply with all codes, ordinances, and regulations of the City of Mayville, Wisconsin.

I, \_\_\_\_\_, (Printed name of building owner) certify under penalty of perjury that all of the above statements and the statements contained in any papers or plans submitted herewith are true and accurate. I am authorized to and do consent entry onto the premises by City of Mayville employees for inspections of the premises.

\_\_\_\_\_  
Building owner signature

\_\_\_\_\_  
Date:

This application is NOT a permit and the premises shall not be occupied until all required inspections are made and all discrepancies (if any) are corrected. Application fee is non-refundable. This application will expire in 60 days from date of submittal.

**\*\*This page for office use only\*\***

This page **MUST** be submitted with pages 1 and 2 of the Commercial Occupancy application.

**CERTIFICATE OF COMMERCIAL OCCUPANCY APPLICATION**

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**ENGINEERING, PLANNING & ZONING DEPARTMENT:**

\_\_\_\_\_ Approved                      \_\_\_\_\_ Denied                      If denied, the reason: \_\_\_\_\_  
Zoning District: \_\_\_\_\_              Building Use: \_\_\_\_\_               Principal Use               Conditional Use  
Historical District:  Yes     No              TIF District: \_\_\_\_\_              Modifications to Site:     Yes     No  
If yes, site plan submitted?  Yes     No  
Notes: \_\_\_\_\_  
Staff approved: \_\_\_\_\_                      Date: \_\_\_\_\_

**WATER/WASTE WATER DEPARTMENT:**

\_\_\_\_\_ Approved                      \_\_\_\_\_ Denied                      If denied, the reason: \_\_\_\_\_  
Industrial Strength Waste Discharge:  Yes     No  
Cross Connection Present:               Yes     No  
Staff approved: \_\_\_\_\_                      Date: \_\_\_\_\_

**FIRE DEPARTMENT:**

\_\_\_\_\_ Approved                      \_\_\_\_\_ Denied                      If denied, the reason: \_\_\_\_\_  
Notes: \_\_\_\_\_  
Staff approved: \_\_\_\_\_                      Date: \_\_\_\_\_

**BUILDING DEPARTMENT: (Property, Electrical, Plumbing, Mechanical)**

\_\_\_\_\_ Approved                      \_\_\_\_\_ Denied                      If denied, the reason: \_\_\_\_\_  
Notes: \_\_\_\_\_  
Staff approved: \_\_\_\_\_                      Date: \_\_\_\_\_

**TREASURER'S DEPARTMENT:**

\_\_\_\_\_ Approved                      \_\_\_\_\_ Denied                      If denied, the reason: \_\_\_\_\_  
Notes: \_\_\_\_\_  
Staff approved: \_\_\_\_\_                      Date: \_\_\_\_\_

**MAYOR'S OFFICE:**

\_\_\_\_\_ Approved                      \_\_\_\_\_ Denied                      If denied, the reason: \_\_\_\_\_  
Notes: \_\_\_\_\_  
Staff approved: \_\_\_\_\_                      Date: \_\_\_\_\_