



PLAN OF OPERATION

To be used for a business with changes or new business in an existing building.

Is this request to be considered for a Conditional Use? _____ If yes, is this a new CU? _____

(Conditional Use Permits require a Public Hearing)

OR an amendment to a CU? _____

Tax Key # _____

Zoning: _____

Address of Tenant Space: _____

1. Name of Business:

Business

Address

City, State, Zip

Phone #

Fax #

Email address

2. Business owner contact information:

Contact

Address

City, State, Zip

Phone #

Fax #

Email address

3. Building/Land owner contact information:

Contact

Address

City, State, Zip

Phone #

Fax #

Email address

4. Number of Employees/Shifts: _____

Employees

Shifts

5. Days of Operation:

Put an X in box that applies:

Hours

Open for business

Preparation/cleaning

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

6. Is this an extension of an existing operation? _____
7. On a separate sheet of paper explain your business use and/or the change to your business. Attach a list of all items to be sold, produced or stored on the premises.
8. Is a liquor license or any other special license to be obtained from the Village Board or State Licensing Agencies? _____ Do you need an Outdoor Establishment Permit? _____
 If yes, explain: _____
 If yes, please obtain and complete permit application.
9. If your proposed operation will utilize a liquor license, what types of entertainment are you proposing? _____
10. Do you feel there will be any problems such as odor, smoke or noise resulting from this operation? _____ If yes, explain: _____
11. Dimension of area to be occupied _____ Total square footage _____
 If applicable list square footage according to 1st floor _____ 2nd floor _____

Please provide a copy of the site plan showing parking and layout of the building and if a multi tenant building, label the space which will be occupied by your business.

12. Parking:
 Total Number of Parking Spaces _____ Number of spaces needed per code _____
 Number of spaces allocated for employee parking _____
 Dimensions of parking lot _____ Is parking lot paved? _____

13. Signage: What type of signage are you proposing for your business?

If applicable, complete a Sign Permit application and submit to the Building Inspection Dept. Please refer to Chapter 17.0800.

I have reviewed a copy of the Zoning Ordinance in the Village of Sussex and hereby agree to abide by the same, as well as any and all terms and conditions of any permit issued pursuant to this application.

I do swear to or affirm that all statements contained herein are true and correct to the best of our knowledge.

 Name Date

 Title or Position

I am aware and approve of the business to be operating in the building owned by _____.

 Name Date

 Title or Position