

City of Hartford
Plan of Business Operations

Business Name: _____

Address: _____

Phone: _____ Website: _____

Contact Person: _____

Address: _____

Phone: _____ E-mail: _____

Type of Operation: Retail Wholesale Manufacturing Service Home Other

Description of Operation: _____

Hours/Days of Operation: _____

Number of Employees: Full time: _____ Part time: _____ Peak Shift: _____

Business Operation and Employee Parking: Autos: _____ Trucks: _____

Customer parking spaces provided on site: _____

Outdoor storage:

Location: _____

Screening method and timetable to construct/establish: _____

Signature of Applicant:

Date:

ALL businesses in the State of Wisconsin are required to pay personal property tax. This tax amount is based off of the assessed value derived from a state prescribed self reporting form. The City of Hartford Assessor sends these forms out in December. Forms are due back to the Assessor by March 1st.

Office Use

Zoning Approved by:

Conditions of Approval:

Date: