



**VILLAGE OF PLEASANT PRAIRIE
BUSINESS LICENSE APPLICATION
(Community Living Arrangements)**

- ☐ New
☐ Renewal
☐ Notice of Change

This license shall be issued pursuant to Article VII of the Chapter 420 of the Village Municipal Code and is required to be renewed annually (no later than January 15 of each year). Licenses that are not renewed will be subject to a payment of a late fee in addition to the renewal fee.

SECTION 1: BUSINESS INFORMATION

Name of Business:	
Location (Address) of Business:	
Village Tax Parcel Number:	
NAICS Number and Main Classification (see instruction sheet):	
NAICS Sub-Classification (see instruction sheet):	
Type of Community Living Arrangement: <input type="checkbox"/> Adult Family Home (AFH) <input type="checkbox"/> Community Based Residential Facility (CBRF) <input type="checkbox"/> Residential Care Apartment Complex (RCAC) <input type="checkbox"/> Assisted Living Facility <input type="checkbox"/> Senior Housing <input type="checkbox"/> Other: _____	
A current and valid copy of any required state license shall be attached to this application	
Maximum Capacity: _____ persons	Number of units:
# of Full-Time Employees (30+ hrs./week):	# of Part-Time Employees (less than 29 hrs./week):
# of Seasonal Employees (960 hrs. or less/year):	
Total Building Area (sq. ft.):	
Year Business became operational at this address:	

SECTION 2: BUSINESS OWNER (OCCUPANT) INFORMATION

Select one of the following: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership		<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Other
Legal Business Name:		
Contact Name:		
Phone:	Email:	
Mailing Address (include city, state and zip code):		

SECTION 3: ON-SITE LOCAL MANAGER

Name:	
Address (include city, state and zip code):	
Phone:	Email:

SECTION 4: EMERGENCY CONTACT

Name:	
Address (include city, state and zip code):	
Phone:	Email:

SECTION 5: FUTURE CORRESPONDENCE

Please send all correspondence and renewal notice to the following person:

- ☐ Business Owner
- ☐ On-Site Local Manager
- ☐ Emergency Contact

SECTION 6: CERTIFICATION AND SIGNATURE

I, (We), hereby certify that the community living arrangement is compliant with all local requirements and state licensing requirements.

I, (We), further certify that all information submitted herein are true and correct to the best of my knowledge.

Print Name:
Signature:
Date:

For additional questions contact the Community Development Department, 9915 39th Avenue, Pleasant Prairie WI 53158 or 262-925-6717 or email communitydevelopment@plprairie.com