



VILLAGE OF FOX POINT

MILWAUKEE COUNTY

WISCONSIN

VILLAGE HALL  
7200 N. SANTA MONICA BLVD.  
FOX POINT WI 53217-3505  
414-351-8900  
FAX 414-351-8909

**APPLICATION FOR  
HOME OCCUPATION PERMIT**

Date of Application \_\_\_\_\_

Name of Homeowner/Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_ Business Phone \_\_\_\_\_

List all owners of business and their birth dates \_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_ Date Business Started \_\_\_\_\_

Describe in detail the business activity that will take place in the home: \_\_\_\_\_

\_\_\_\_\_

Describe the number and frequency of deliveries or visits to the home: \_\_\_\_\_

\_\_\_\_\_

Number of Employees \_\_\_\_\_

Describe all equipment used - that is either owned or leased - used for business purposes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

<b>For Village Use Only – Fee \$70</b>		
Date received _____	Permit Fee _____	Receipt _____
Date approved by Building Inspector _____		Permit expiration date _____
<b>This application is to be forwarded to the Building Inspector. After approval, copies should be forwarded to the Assessor, Police Department, and placed in the property file.</b>		