Please complete the following steps before you open for business:

1) Complete form attached and have the Mall Manager sign it. Please fill out completely and legibly.
2) Please read the following regulations.
3) If you are planning to sell food of any kind -STOP- and contact our Health Sanitarian-Peter Feldhusen 414-302-8653.
4) If you are not selling food, set up your Kiosk and call for an Inspection from the Building Inspection Dept. at 414-423-2100 x3109 or x3107.
5) YOU MAY NOT OPEN UNTIL WE GIVE YOU A CERTIFICATE OF OCCUPANCY. Please call 5 days prior to opening.

Kiosks and similar structures (temporary or permanent) shall meet the following requirements:

- (1) Kiosks or similar structures located within the mall shall be provided with approved fire suppression and detection devices.
- (2) The minimum horizontal separation between kiosks and other structures within the mall shall be 10 feet (3,048 millimeters).
- (3) Each kiosk or similar structure shall have a maximum area of 150 square feet (14 square meters).
- (4) There shall be a minimum of 10 feet (3,048 millimeters) clear exit width to a height of eight feet (2,438 millimeters) between any projection of a tenant space bordering the mall and the nearest kiosk, vending machine, bench, temporary vendor's booth or display, food court or other obstruction.
- (5) When electrical cords are use at a kiosk, there will be a person attending to the kiosk at all times.
- (6) All electrical extension cords must be unplugged when the kiosk is unattended or not in use.
APPLICATION FOR OCCUPANCY PERMIT - KIOSK
(Please print legibly or type all fields required)

To The Building Inspector: Permit No: __________________________

The undersigned hereby makes application for a Certificate of Occupancy in accordance with the requirements of section 15.14 of the Greendale Municipal Code. The undersigned agrees that the premises described shall not be occupied until a Certificate of Occupancy has been issued.

Date of Application: __________________________

Name of Applicant: ______________________________________________ Phone #: ______________________________________

Address: _______________________________________________________________ Email: __________________________________________

Address of Premises to be Occupied: __________ 5300 S 76th St________________________

Kiosk Number to be Occupied: __________________________________________

Owner of Building __________ Simon Properties____________________________________

_________________________________________________     _________________________________
Signature of Mall Mgr                                           Signature of Applicant

Please print _________________________________________

Commercial Retail Business

Business Name: __________________________________________

Type of Business: __________________________________________

Briefly Describe Operation of Business: ____________________________

Machinery, Equipment, Etc. to be Installed: ____________________________

Number of Employees: Male _____ Female _____ Anticipated Opening Date: ____________________________

Is a Sign Needed for the Business? Yes _____ No _____ If Yes, Have You Applied for a Sign Permit? Yes _____ No _____

For Staff Use Only:

Permit Fee (Circle One): 6 months or less $80.00/1 year + $190.00

Date: ____________________________

Amount Paid: ____________________________

Receipt: ____________________________

Date: ____________________________

Issued By an Authorized Agent of the Dept.: ____________________________