Record ID:	(Office Use Only)
Record ID.	(Office Ose Office)

License Application

Submit Application to:

City Clerk's Office 210 Martin Luther King Jr. Blvd., Rm. 103 Madison, WI 53703 (608) 266-4601 www.cityofmadison.com/clerk



Make checks payable to: City of Madison Treasurer. *License fees are non-refundable.*

Complete sections A - E. It is mandatory that all applicable information be completed. Inaccurate information may result in suspension or revocation of license.

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SECTION A: Establishment Address	
Street Address:	
City, State, ZIP:	
Municipality (Village/Town/City):	
SECTION B: Applicant/Contact Information	
Trade name (Doing Business As):	
Local Contact Person:	
Local Contact Phone:Local Contact	ct E-mail:
SECTION C: License Holder Information	
Organization Legal Name/Sole Proprietor Name :	
Mailing Address:	
City, State, ZIP:	
Organization Contact Person:	
Organization Contact Phone: Organization C	Contact E-mail:
SECTION D: General Information	
WI Seller's Permit Number*: *Written proof of current seller's permit must accompany application at time of submission	Estimated Opening Date: Health Department approval required prior to opening
SECTION E: Attestation and Signature	
$\ \square$ The statements made in this application are true to the best of my	knowledge.
SignatureDate	

□ Amusement Device	
□ Beach	
☐ Bed and Breakfast	
□ Bicycle Dealer	
Body Art Establishment	
□ Tattoo or Body Piercing	
□ Combined Tattoo and Body Piercing	
Campground	
Number of Campsites:	
□ 1 - 25 □ 26 - 100	
Hotel/Motel/Tourist Rooming House Number of Rooms: □ 1 - 4 (Tourist Rooming House) □ 5 - 30 □ 31 - 99 □ 100 - 199	
Mobile Home Park	
Number of Sites:	
□ 1 - 20 □ 21 - 50	
□ 51 - 100	
□ 101 - 175	
□ Outdoor Wood Boiler	
Recreational/Educational Camp	
Number of Camps:	
□ 1 - 5 □ 6 - 10	
п 0 - 10	
Swimming Pool	
Type of Pool:	
□ Indoor	
□ Outdoor□ Additional Indoor	
□ Additional indoor	