

MANAGER INFORMATION:

Name: _____ | _____ | _____ / /
Last First Middle Initial M | F Date of Birth

Home Address: _____
Street City State ZIP

_____ Email Cell

Have you, or any other person listed on this application, been convicted of any of the following:
a felony within the last 10 years? Yes No
a misdemeanor in the last 5 years? Yes No

For each **Yes** response provide the date of arrest, the nature of the offense and conviction information:

You must submit the following with your original and renewal application:

- 1. Proof of Liability Insurance**
 - 2. Proof of Annual Permit Issued Under Sec. 254.64 Wis. Stats. (Outagamie County Health Dept. 920-832-5100)**
 - 3. Proof of Outagamie Co. Health Inspection (920-832-5100)**
 - 4. WI Seller's Permit from WI Department of Revenue**
- *Additional Information if Requested by the Town**

I understand that this license may be denied or revoked for fraud, misrepresentation or false statement contained in the application, delinquent payments due to the Town, or violations of the Code of Ordinances or WI State Statutes.

I understand that Hotel/Motel room tax payments must be up to date in accordance with Section 57-4 of the Code of Ordinances.

Under penalty of law, I swear that the information provided in the application is true and correct to the best of my knowledge. I agree to inform the clerk within ten days of any change in the information supplied in this application.

I further understand that if the property or business exchanges ownership, or there are new officers in the Corporation, LLC, or Partnership, a new application must be submitted to the Town Clerk.

I have received a copy of the following and have indicated so by my initials. _____ CODE CHAPTER 315

Owner/Operator's Signature _____

Name/Print and Title _____

FOR OFFICE USE ONLY

APPROVALS REQUIRED

Licensing Committee ___/___/___ Approve Deny Reason Denied: _____

Town Board ___/___/___ Approve Deny Reason Denied: _____