



**MANAGER INFORMATION: (Include a copy of Manager's Driver's License or Wisconsin ID card)**

**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**
  - 5. Include a copy of Manager's Driver's License or Wisconsin ID card**
- \*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.

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

I understand that Hotel/Motel room tax payments must be up to date in accordance with Section 57-4 of the Municipal Code. I also understand that Hotel/Motel room tax payments must be **RECEIVED** by the due date (not postmarked) or there will be a one percent (1%) penalty applied per month on the unpaid balance and have indicated so by my initials. \_\_\_\_\_

**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: \_\_\_\_\_