

<p>Town of Saratoga 1120 State Highway 73 South Wisconsin Rapids, WI 54494</p>	<p>APPLICATION and PERMIT for REGISTRATION of BUSINESS</p>	<p>Office use only Permit No. _____ Parcel No. _____</p>
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Business Owner Name – Print	Home Phone No. (____) _____
Address, City, State, ZIP Code	Cell Phone No. (____) _____ E-mail address

Name of Business	Business Telephone No.
Business address (if different from Owner)	

Wisconsin Sales and Use Tax Number

Describe daily business operation

- Other Permits (Provide copies along with this application)
- Sign Permit Town of Saratoga
 - Sign Permit DOT if located on State Highway
 - State and/or Federal Permits required to operate this business

Business located in Commercial Zoning District
Attach a site plan sketch with dimensions showing the location of all existing and proposed buildings, driveway, adjacent road(s), setbacks from all lot lines and road right-of-way

Approved: _____ Date: _____
Town Chair

[Type text]