

**Application and Permit for
Registration of Business
Town of Saratoga-Wood County, Wisconsin**

Business Owner Name(s) _____

Business Owner Address _____

Name of Business _____

Type of Business _____

And address(if separate) _____

Business Telephone No. _____

Owner(s) Telephone No. _____

Permit

The above named is authorized to conduct their stated
business at the above location in the Township of Saratoga.

Town of Saratoga

Dated: _____