Office use only

Town of Saratoga
1120 State Highway 73 South
Wisconsin Rapids, WI 54494

APPLICATION and PERMIT for REGISTRATION of BUSINESS

Permit No. _____

Parcel No. _____

Business Owner Name – Print _____ Business Owner Signature _____	Home Phone No. _____ Cell Phone No. _____
Address, City, State, Zip Code	E-mail Address
Name of business	Business Phone 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)

- O Sign Permit – Town of Saratoga
- O Sign permit – DOT (if located on State Highway)
- O State and/or Federal Permits (required to operate Business)

Business located in Commercial Zoning District

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

Approved: _____ Date:_____

Chairman