

License Application



Submit Application to:

City Clerk's Office
210 Martin Luther King Jr. Blvd., Rm. 103
Madison, WI 53703
(608) 266-4601
www.cityofmadison.com/clerk

Make checks payable to: City of Madison Treasurer.
License fees are non-refundable.

**Complete sections A - E. It is mandatory that all applicable information be completed.
Inaccurate information may result in suspension or revocation of license.**

SECTION A: Establishment Address

Street Address: _____
City, State, ZIP: _____
Municipality (Village/Town/City): _____

SECTION B: Applicant/Contact Information

Trade name (Doing Business As): _____
Local Contact Person: _____
Local Contact Phone: _____ Local Contact E-mail: _____

SECTION C: License Holder Information

Organization Legal Name/Sole Proprietor Name : _____
Mailing Address: _____
City, State, ZIP: _____
Organization Contact Person: _____
Organization Contact Phone: _____ Organization Contact E-mail: _____

SECTION D: General Information

WI Seller's Permit Number*: _____ Estimated Opening Date: _____
*Written proof of current seller's permit must accompany application at time of submission Health Department approval required prior to opening

SECTION E: Attestation and Signature

The statements made in this application are true to the best of my knowledge.

Signature _____ Date _____

Amusement Device

Beach

Bed and Breakfast

Bicycle Dealer

Body Art Establishment

- Tattoo or Body Piercing
- Combined Tattoo and Body Piercing
- Ear Piercing

Campground

Number of Campsites:

- 1 - 25
- 26 - 100
- 100 +

Hotel/Motel/Tourist Rooming House

Number of Rooms:

- 1 - 4 (Tourist Rooming House)
- 5 - 30
- 31 - 99
- 100 - 199
- 200 +

Mobile Home Park

Number of Sites:

- 1 - 20
- 21 - 50
- 51 - 100
- 101 - 175
- 175 +

Outdoor Wood Boiler

Recreational/Educational Camp

Number of Camps:

- 1 - 5
- 6 - 10
- 11 +

Swimming Pool

Type of Pool:

- Indoor
- Outdoor
- Additional Indoor
- Additional Outdoor