

**City of Madison Clerk's Office**

210 Martin Luther King Jr. Blvd. Room 103

Madison, WI 53703

608-266-4601

[www.cityofmadison.com/clerk](http://www.cityofmadison.com/clerk)



\*Application Date: \_\_\_\_\_

*\*Required Fields*

*Business/Trade Name		
*Business Address		*Municipality of Business Location (Town of/City of/Village of)
*Name of License Holder (Corporation, LLC, Individual Owner, Private Club or Partner(s))		
Name of Registered Agent		
*License Holder Mailing Address		
*Local Contact Person	*Phone Number	*Email Address
*Estimated Opening Date		*Wisconsin Sellers Permit No.
*Signature of Owner/Operator		
License Description	Fee	License Number
<b>Beach</b> <b>Bed and Breakfast</b> <b>Bicycle Dealer</b> <b>Campground</b> <b>Cigarette/Tobacco</b> <b>Dance Hall</b> <b>Hotel, Motel, Tourist Rooming House</b> <b>Mobile Home Park</b> <b>Recreational Educational Camp</b> <b>Swimming Pool</b> Additional Swimming Pool <b>Tattoo and Body Piercing</b> <b>Other</b> _____		
<b>Pre-Inspection &amp; License Fees Non-Refundable</b>	<b>TOTAL</b>	<b>\$</b>

**IT IS MANDATORY THAT ALL APPLICABLE INFORMATION BE COMPLETED  
 INACCURATE INFORMATION MAY RESULT IN SUSPENSION OR REVOCATION OF LICENSE**

*Make checks payable to the City of Madison Treasurer*