



Town of Gibraltar
PO Box 850
Fish Creek, WI 54212
(920) 868-1714
clerk@townofgibraltar.us

\$45 annual license fee

Town of Gibraltar Business License

BUSINESS INFORMATION

BUSINESS NAME: _____

DESCRIPTION OF BUSINESS: _____

BUSINESS PHYSICAL ADDRESS: _____ CITY/ST/ZIP: _____

BUSINESS MAILING ADDRESS: _____ CITY/ST/ZIP: _____

BUSINESS PHONE: _____ BUSINESS EMAIL: _____

EMERGENCY CONTACT (WITHIN 45 MINUTES): _____ EMERGENCY PHONE: _____

EMERGENCY CONTACT ADDRESS: _____

IS YOUR BUSINESS SEASONAL? _____ IF SEASONAL: OPEN DATE: _____ CLOSING DATE: _____

BUSINESS OWNER

BUSINESS OWNER NAME: _____

OWNER'S ADDRESS: _____ CITY/ST/ZIP: _____

BUILDING OWNER

BUILDING OWNER'S NAME: _____

BUILDING OWNER'S ADDRESS: _____ CITY/ST/ZIP: _____

BUILDING OWNER'S PHONE: _____ EMAIL: _____

1) IS THIS BUSINESS OPERATED OUT OF YOUR HOME? YES: _____ NO: _____ (MLM COMPANIES ARE EXCLUDED)

IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:



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2) DOES THE GENERAL PUBLIC COME TO YOUR HOME FOR YOUR BUSINESS? YES: _____ NO: _____

3) DO YOU HAVE ANY OUTSIDE EMPLOYEES? YES: _____ NO: _____

4) IS THIS BUSINESS A SHORT-TERM RENTAL? YES: _____ NO: _____

IF YES TO QUESTION 4, PROOF OF THE FOLLOWING ARE REQUIRED TO BE ON FILE WITH THE TOWN OFFICE:

(PLEASE REFERENCE TOWN OF GIBRALTAR ORDINANCE 2021-07: OPERATING A SHORT TERM RENTAL)

____ TOURISM ROOMING HOUSE LICENSE PERMIT FROM THE STATE OF WI DEPARTMENT OF AGRICULTURE,
TRADE & CONSUMER PROTECTION UNDER ATCP 72.04

____ COMPLETE STATE LODGING ESTABLISHMENT INSPECTION, MOST RECENT INSPECTION

____ PROOF OF CASUALTY AND LIABILITY INSURANCE ISSUED BY AN INSURANCE COMPANY AUTHORIZED TO
DO BUSINESS IN THE STATE OF WISCONSIN, WITH LIABILITY LIMITS OF NOT LESS THAN \$300,000
PER INDIVIDUAL AND \$1,000,000 AGGREGATE.

____ FLOOR PLAN OF THE PROPOSED PROPERTY FOR RENTAL WITH REQUESTED MAXIMUM OCCUPANCE

____ SITE PLAN INCLUDING AVAILABLE ONSITE PARKING

____ ROOM TAX PERMIT

____ PROOF OF GARBAGE DISPOSAL SERVICE

I, _____ (property owner or authorized agent) certify that the above
property meets the requirements of the Town of Gibraltar.

Signature of Property Owner OR Authorized Agent

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ VALID _____, 20__ TO _____, 20__

FEE: _____ ORIGINAL APPLICATION: _____ RENEWAL: _____ INFORMATION CHANGE: _____

SEASONAL BUSINESS: _____ OPEN DATE: _____ CLOSING DATE: _____

BUILDING/FIRE INSPECTION: _____