



Town of Gibraltar  
4097 Main Street  
Fish Creek, WI 54212  
(920) 868-1714  
[clerk@townofgibraltar.us](mailto:clerk@townofgibraltar.us)

# 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:

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



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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 DATED WITHIN 60 DAYS OF THE DATE OF  
ISSUANCE OR RENEWAL

\_\_\_ 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

\_\_\_ ANNUAL GENERAL BUILDING AND FIRE INSPECTION

\_\_\_ 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: \_\_\_\_\_