



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

\$50 annual license fee
\$25 late fee after Feb 1st

Town of Gibraltar Business License

BUSINESS INFORMATION

BUSINESS NAME _____

DESCRIPTION OF BUSINESS _____

BUSINESS PHYSICAL ADDRESS _____

BUSINESS MAILING ADDRESS _____

BUSINESS PHONE _____ BUSINESS EMAIL _____

EMERGENCY CONTACT (WITHIN 45 MINUTES) _____ EMERGENCY PHONE _____

EMERGENCY CONTACT ADDRESS _____

IS YOUR BUSINESS SEASONAL? YES NO IF YES, OPEN DATE: _____ CLOSING DATE: _____

DOES THE BUSINESS OPERATE OUT OF YOUR HOME? YES NO

IF YES, DOES THE GENERAL PUBLIC COME TO YOUR HOME FOR YOUR BUSINESS? YES NO

NUMBER OF OUTSIDE EMPLOYEES _____ (If none, write zero)

BUSINESS OWNER

BUSINESS OWNER NAME: _____

OWNER'S ADDRESS (If different than business address) _____

OWNER'S PHONE NUMBER _____ OWNER'S EMAIL _____

BUILDING OWNER INFORMATION (IF DIFFERENT FROM ABOVE)

NAME _____

MAILING ADDRESS (INCLUDE CITY, STATE, ZIP) _____

PHONE NUMBER _____ EMAIL _____

I, _____ (Business owner) certify that the above information is true and accurate to the best of my knowledge.

(Signature of Business Owner)

(Date)

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: _____