

**APPLICATION/PERMIT(RENEWAL)
TO OPERATE AN ADULT-ORIENTED ESTABLISHMENT**

Date of application _____

Permit Number _____

Fee \$500.00

Applicant's Name , Address, Telephone #: include all members of corporation(s), partnership(s) or legal entity**Location (Legal Description or Address) of the ADULT-ORIENTED ESTABLISHMENT. Include the closest two intersecting roads:****Description of Activities to be conducted at the location:****Additional Conditions of the Permit:**

1.

2.

Approved by: _____ Date _____ *

Town Chairman

***This permit expires 365 days after approval.**

Permit is to be typed.

It is understood and agreed that approval is subject to the applicant's full compliance with the pertinent Statutes, as well as any rules and regulations of other jurisdictional agencies, which may be more restrictive. Chapter 24 Taylor County, Wisconsin Codes.