

RENEWAL APPLICATION FOR LICENSE

License Fee \$300.00

For the license period beginning _____, 20____; ending _____, 20_____.

TO THE GOVERNING BODY of the City of Osseo, County of Trempealeau, Wisconsin.

CHECK ONE Individual Partnership Limited Liability Company Corporation/Nonprofit Organization

ALL SECTIONS MUST BE COMPLETE.

Individual or Partnership:

Full Name(s) (Last, First and Middle Name)

Home Address

Post Office & Zip Code

Full Name of Corporation/Nonprofit Organization/Limited Liability Company _____

Address of Corporation/LLC (if different from licensed premises) _____

Date of Incorporation: _____ State: _____

All officer(s) Director(s) and Agent of Corporation and Members/Managers & Agent of Limited Liability Company:

Title	Name (inc. Middle Name)	Home Address	Post Office & Zip Code
President/Member	_____	_____	_____
Vice President/Member	_____	_____	_____
Secretary/Member	_____	_____	_____
Treasurer/Member	_____	_____	_____
Agent	_____	_____	_____
Directors/Managers	_____	_____	_____

Share Holders who individually or jointly own more than ten (10%) of stock in said Corporation:

Trade Name * _____ Business Phone Number _____

Address of Premises _____ Post Office & Zip Code _____

Exact Nature of business _____

Read carefully before signing: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to City Ordinances and laws, and the rights and responsibilities conferred by the license, if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Falsifying any information on this application shall result in denial of this license.

SUBSCRIBED AND SWORN TO BEFORE ME

this _____ day of _____, 20_____

Officer of Corporation/Member/Manager of LLC/Partner/Individual

(Notary Public)

Officer of Corporation/Member/Manager of LLC/Partner/Individual

My commission expires _____

Officer of Corporation/Member/Manager of LLC/Partner/Individual

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk/Deputy

**A license fee of \$300 shall be submitted with this application. If application is denied, one-half (1/2) of fee shall be returned.

