

**Application and Permit for  
Registration of Business  
Town of Saratoga-Wood County, Wisconsin**

Business Owner Name(s) \_\_\_\_\_

Business Owner Address \_\_\_\_\_

\_\_\_\_\_

Name of Business \_\_\_\_\_

Type of Business \_\_\_\_\_  
And address(if separate)

\_\_\_\_\_

Sales&Use Tax Number \_\_\_\_\_  
(Issued through the State of Wisconsin)

Business Telephone No. \_\_\_\_\_

Owner(s) Telephone No. \_\_\_\_\_

**Permit**

The above named is authorized to conduct their stated  
business at the above location in the Township of Saratoga.

Town of Saratoga  
Chairman: \_\_\_\_\_

Dated: \_\_\_\_\_