

**VILLAGE OF LAKE DELTON
APPLICATION FOR **CLASS C - ACTIVITY LICENSE
FOR THE VILLAGE OF LAKE DELTON
PURSUANT TO MUNICIPAL CODE CHAPTER 21****

NAME OF APPLICANT	DATE REQUESTING LICENSE FOR: (max 3 days) to	
MAILING ADDRESS	PHONE NUMBER	
CITY, STATE, ZIP CODE	EMAIL	
TYPE OF ACTIVITY	TIME ACTIVITY HELD EACH DAY	Total Fee: (\$50.00 + \$50.00 per day)
		\$.00
ACTIVITY PHYSICAL ADDRESS		
PROPERTY OWNERS OF PHYSICAL ADDRESS		
MAILING ADDRESS OF PROPERTY OWNER	PHONE NUMBER OF PROPERTY OWNER	
CITY	STATE	ZIP CODE

I, the undersigned and the above named applicant, do solemnly swear that I have read the contents of this application and that all information and answers herein contained are complete and true. In addition, I agree to comply with and be bound by all laws, ordinances, rules, regulations and penalties governing the business. I consent to the immediate revocation of my license, by the Village of Lake Delton, for any violation of such laws, ordinances, rules, or regulations and that money paid as license fees will be forfeited.

I further certify that any license held has not been revoked or suspended in the previous five (5) years and further certify that if a corporation, none of the shareholders, officers or directors of the applicant shall have been a licensee, or a shareholder, officer or director of a licensee that had been revoked or suspended in the previous (5) years.

No license to operate covered business by the application will be granted until approved by the Village Board.

Signed: _____ Dated: _____

No permit shall be granted until there has been deposited, with the Clerk-Treasurer-Coordinator, a true and correct copy of the applicant's liability insurance policy with minimum coverage limits of One Million dollars (\$1,000,000) per person, Two Million dollars (\$2,000,000) in the aggregate. Insurance policies must be issued by insurance companies approved by the state of Wisconsin's commissioner of insurance office, covering personal injury or property damage arising out of the operation for which the permit is required, such copy to be kept on file during the permit term. The Clerk-Treasurer-Coordinator, shall notify the agent issuing such policy that in the event of cancellation of such policy, the said clerk is to be immediately notified thereof. It shall be unlawful for a permittee or any employee of a permittee to either orally or in writing make any statement that would lead a patron to believe that the permittee does not have insurance coverage.

Please print, sign application and remit with payment to:

Village of Lake Delton
Att: License Applications
P.O. Box 87
Lake Delton WI 53940-0087

FEE: \$50.00 ACTIVITY PERMIT AND \$50.00 PER DAY—MAXIMUM OF 3DAYS