

Town of Riverview

PO Box 220
Mountain WI 54149
Phone: (715)276-6914

PERMIT EXPIRES EACH DECEMBER 31st

SHORT TERM PERMIT APPLICATION

Initial Permit (\$25) _____ Renewal (\$15) _____

Date: _____

Applicant Name: _____

Business Name: _____

Phone Number: _____

Address of rental(s): _____

E-Mail address: _____

Mailing address: _____

Is the business open year round: Y N #of Units: _____

Do you work with a Marketplace provider? Y N Who _____

How would you like to be advertised on our website?

Personally Marketplace Both

Present rate schedule: (please attach)

Signature of Owner or Authorized Agent

WI Sales Tax Permit #: _____

Health Dept Permit #: _____

Liability Insurance Company: _____

Policy #: _____

For Office Use Only: Permit #: _____

Date :