



Village of Harrison

W5298 Hwy 114
Menasha, WI 54952
Phone: 920-989-1062

BUSINESS LICENSE APPLICATION

Business Information			
Business Name (Indiv., Org. or Entity)		Tax Location ID(s):	
Mailing Address	City	State	Postal Code
E-mail Address	Telephone (include area code)	Fax (include area code)	
Business Website	Type of Business	Normal Business Hours	
Business Owner Information			
Select one of the following: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Trust <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			
Legal Business Name (Organization or Entity)	Contact Person	Title	
Mailing Address	City	State	Postal Code
E-mail Address	Telephone (include area code)	Fax (include area code)	
On-Site Local Manager Information			
Name		Title	
Mailing Address	City	State	Postal Code
E-mail Address	Telephone (include area code)	Fax (include area code)	
Emergency Contact Information			
Name		Title	
Mailing Address	City	State	Postal Code
E-mail Address	Telephone (include area code)	Fax (include area code)	
Key Holders – Emergency After Hours			
1) Name & Address:		Phone:	
		Secondary Phone:	
2) Name & Address:		Phone:	
		Secondary Phone:	
3) Name & Address:		Phone:	
		Secondary Phone:	

Alarms	
<input type="checkbox"/> Fire	<input type="checkbox"/> Burglar
<input type="checkbox"/> Hold Up	<input type="checkbox"/> Other: _____
Any Security Camera(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Alarm Company Name	Phone:
Future Correspondence	
Please send all correspondence to the following person:	
<input type="checkbox"/> Business Owner	<input type="checkbox"/> On-Site Local Manager
<input type="checkbox"/> Emergency Contact	
Fees (Payable to Village of Harrison)	
<input type="checkbox"/> \$5.00	<input type="checkbox"/> No Fee for Non-Profit Organizations
Certification and Signature	
Certification:	
I, (We) , hereby acknowledge that I (we) shall notify the village clerk of any change pertaining to the information provided on this application or termination of the business.	
I, (We) , hereby certify that the business has obtained a Village Certificate of Occupancy or Compliance; or I, (We) , have applied to obtain the required Village Certificate of Occupancy or Compliance.	
I, (We) , further certify that all information submitted herein are true and correct to the best of my knowledge.	
Print Name	
Signature (required)	Date

LEAVE BLANK – FOR MUNICIPAL USE ONLY			
Date Complete Application Received:	Fee Received:	\$	Date Approved:
	Receipt No.:		
	License No.:		
Approved Application Submitted to:			
<input type="checkbox"/> Village Clerk	<input type="checkbox"/> Sheriff Department	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Building Inspector
<input type="checkbox"/> Planning Department			