



TOWN HALL OFFICE
 2445 S. AFTON ROAD
 BELOIT, WISCONSIN 53511-8666
 PHONE: 608-364-2980
 FAX: 608-364-2999

Food Preparation License
 Application

Fee: \$25.00

License expires Annually

INSTRUCTIONS: This form must be completed in its entirety and returned to the Town Hall office with the \$25.00 fee in order for your request to be processed. Please PRINT clearly.

ORIGINAL APPLICATION

RENEWAL

BUSINESS

Business Name:

Business Address:

City/ST/Zip: BELOIT WI 53511

Business Phone:

Business Email Address:

Emergency Phone:

BUSINESS OWNER

Business Owner's First/MI/Last Name:

Owner's Home Address:

City/ST/Zip:

BUSINESS MANAGER

First/MI/Last Name:

Cell Phone:

BUILDING OWNER

Building Owner's First/MI/Last Name:

Building Owner's Address:

City/ST/Zip:

Emergency Phone:

Email Address:

Application is hereby made for a Food Preparation License within this Town, subject to the ordinances thereof and to the laws of this State. I understand and agree that such license, if granted shall be non-transferable and may be revoked at any time for just and legal cause, and that in case of relinquishment or revocation thereof, I shall be entitled to no refund of license tax for the unexpired term.

Applicant hereby authorizes and empowers the Town Clerk or any police officer of the Town of Beloit, or any other officer of the Town of Beloit or Rock County or State of Wisconsin having police powers, to enter his/her place of business or property for which he asks a license and make search thereof and to seize any article, device or commodity used or kept in violation of law, or of any of the ordinances of the Town of Beloit; and he/she hereby waives any right of action, or any claim for damages which he otherwise might have by reason of any search or seizure not authorized by law.

Applicant's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:

Receipt No: _____ Amount Paid: _____

Date Paid: _____

ORIGINAL: TOWN CLERK