



TOWN OF LAND O' LAKES
PO BOX 660
4331 COUNTY RD B
LAND O' LAKES WI 54540
715-547-3255

BUSINESS REGISTRATION FORM

Initial Business Registration- \$25.00 fee

BUSINESS INFORMATION:

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| Business Name and Address: |
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BUSINESS OWNER INFORMATION:

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|------------------|----------------|----------------|
| Name: | | Date: |
| Mailing Address: | | |
| Daytime Phone: | Evening Phone: | Email Address: |
| | | Fax Number: |

BUILDING OWNER INFORMATION:

| | | |
|------------------|----------------|----------------|
| Name: | | Date: |
| Mailing Address: | | |
| Daytime Phone: | Evening Phone: | Email Address: |
| | | Fax Number: |

BUSINESS OPERATIONS:

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|--|--------------------------|--------------------------|
| Business Hours Start/End: | Number of Shifts: | Number of Shifts |
| Business Days (Circle): M T W TH F S SU | Shift Start & End Times: | Shift Start & End Times: |

BUSINESS DESCRIPTION:

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