## CITY OF WISCONSIN DELLS LICENSE APPLICATION FOR: RIDING STABLE/HORSES FOR HIRE

Signature of Applicant       Date         Note: Incomplete, false, or misleading information on the application form can delay the review process and/or be grounds for denial of permit or license.         License subject to compliance with Wisconsin Dells Code Section 4.15 and 16.21.         (1) Premises. No license or permit shall be granted or renewed for the operation of any trade, profession, business or privilege, for which a license or permit is required by any provision of this Code, for operation upon any premises which taxes or assessments or other financial claims of the City, or any City utility are delinquent and unpaid.		Fee: \$225 Plus \$25 per ho	rse
Address of Applicant:	Date Submitted:	Amount Paid: \$	Receipt No. ————
Daytime Telephone Number: Email Address:State: Applicant's Driver's License Number:State: Business Name & Address: Number of Horses: Proposed Hours of Operation: Description of the manner and location in which the horses will be: fed, sheltered, stabled or transported within the City: Safety and Sanitation Methods: Proposed Route (Attach Map): IF ROUTE IS NOT LOCATED ON APPLICANT'S LAND: I,, an the owner of I give my consent to Property Ourner I give my consent to Property Ourner I give my consent to Street Address to route and trail ride horses for hire upon my property. Name of Applicant I hereby certify that the information provided on this application is correct. I understand that failure to provide all required information or falsification of any information shall be grounds for denial or revocation of my license. I acknowledge that I have read Riding Stables Ordinance 16.01 and am familiar with all appropriate laws and ordinances pertaining to riding stables/horses for hire. 	Name of Applicant (Last, First, MI):		Date of Birth:
Applicant's Driver's License Number:	Address of Applicant:		
Business Name & Address:	Daytime Telephone Number:	Email Address:	
Number of Horses:       Proposed Hours of Operation:         Description of the manner and location in which the horses will be: fed, sheltered, stabled or transported within the City:       Safety and Sanitation Methods:         Proposed Route (Attach Map):       Safety and Sanitation Methods:       Proposed Route (Attach Map):         IF ROUTE IS NOT LOCATED ON APPLICANT'S LAND:       I       I give my consent to         I	Applicant's Driver's License Number:		State:
Description of the manner and location in which the horses will be: fed, sheltered, stabled or transported within the City:	Business Name & Address:		
the City:Safety and Sanitation Methods:Proposed Route (Attach Map): Proposed Route (Attach Map): IF ROUTE IS NOT LOCATED ON APPLICANT'S LAND: I,, am the owner of I give my consent to Property Owner, am the owner of I give my consent to Property Owner to route and trail ride horses for hire upon my property. Name of Applicant	Number of Horses: Propos	sed Hours of Operation:	
Proposed Route (Attach Map):	Description of the manner and locatio	n in which the horses will be: f	ed, sheltered, stabled or transported within
Proposed Route (Attach Map):	the City:	Safety and Sanita	ntion Methods:
I,, am the owner of I give my consent to Property Owner			
Property Owner       Street Address	IF ROUTE IS NOT LOCATED ON A	APPLICANT'S LAND:	
Property Owner       Street Address	I, , am	the owner of	. I give my consent to
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	Office Use Only		1 1 4 1 20
Conditions (if any):			
Utilities       Image: 02/23	Rev. 02/23		Court Parking