

292 Mayville Street • Theresa, WI 53091 Phone: (920) 488-5421 • Email: ct@villageoftheresawi.gov

Manufactured Home Park License

Annual Renewal Application

License Year:	Date Submitted:
PARK INFORMATION	
Park Name:	
Park Address:	
Parcel Number:	
Owner Name:	
Owner Mailing Address:	
City, State, ZIP:	
Phone:	Email:
Manager/Operator (if different)):
Manager Phone:	Email:
Current License Number:	
Number of Lots/Spaces:	
License Fee \$	(\$100/50 spaces or fraction of spaces)
*Fee due with application	n—make checks payable to <i>Village of Theresa</i> *
CERTIFICATION	
described premises in accorda	ne Manufactured Home Park License for the above- ance with the provisions of Wis. Stat. § 66.0435 and ordinances. I affirm that all information provided is my knowledge.
Signature of Owner/Agent:	Date:



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VILLAGE USE ONLY

Action Date Initials					
Application Received					
Payment Received					
Board Review					
Village Board Action:	□Approved	□ Denied	Date:		
Clerk-Treasurer:			D	ate:	
License No.:		Expiration D	ate: Decer	nber 31.	