## TOWN OF SUMPTER

## MANUFACTURED HOME COMMUNITY LICENSE APPLICATION

Date:			
Name of Community:			
Community ID #			
Address:			
Phone Number(s):			
Email Address:			
Name of Community Owner:			
Address:			
Phone Number(s):			
Number of Parking Sites to be Licensed:			
Annual license fees for mobile home parl the period from January 1 through Dece			
Annual License Fee to Town:			
Payable to: Town of Sumpter Mail Application and Check to:			
	Town o	of Sumpter	
		aver, Clerk	
E10496 County Rd. C			
	North 1	Freedom, WI	53951
The undersigned applicant agrees to com Manufactured and Mobile Home, Campi Ordinance.			_
Signature of Owner or Agency Represen	tative	Title	Date
Printed Owner or Agency Representative	e Name		