

**Business Information**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Business phone Number: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Date Business Opened: \_\_\_\_\_

Hours of Operation \_\_\_\_\_ AM PM to \_\_\_\_\_ AM PM M TU W TH F SA SU

Number of Employees \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

**Emergency Contact Information**

**Business Owner** (First Middle Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

**Second Contact Person** (First Middle Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

**Third Contact Person** (First Middle Last): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

**Parcel Owner Information**

Building Owner:(if different from business owner) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please return this form to Edgerton City Hall to the following address:**

**12 Albion St.  
Edgerton, WI 53534**

**-or-**

**Fax to 884-8892**