



11333 N. Cedarburg Rd.  
 Mequon, WI 53092-1930  
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www.ci.mequon.wi.us

Office of the City Clerk


## Gun Range Premise License Application

Please read each question or statement carefully.

All questions must be answered.

I hereby apply for a Gun Range Premise License in Mequon, WI as per City of Mequon Municipal Code Section 14-200 from **January 1, 2025** through **December 31, 2025**, inclusive (unless sooner revoked), subject to the limitations imposed by the Code of Ordinances and all acts amendatory thereof and supplementary thereto. And hereby agree to comply with all laws, resolutions, ordinances and regulations, Federal, State or Local affecting the license that is granted to me.

|                           |     |                   |                                       |  |
|---------------------------|-----|-------------------|---------------------------------------|--|
| Fee required:             |     | \$ 250.00         | Call for pick-up?<br>(Check one)      | YES <input type="checkbox"/> NO <input type="checkbox"/>   |
|                           |     |                   | If call, phone number?<br>(Check one) | BUS <input type="checkbox"/> HOME <input type="checkbox"/> |
| Type:                     | NEW | RENEWAL           |                                       |  |
| Name of Business: (print) |     |                   |                                       |  |
| Business Address:         |     |                   |                                       |  |
| City, State, Zip:         |     |                   |                                       |  |
| Business Phone: ( ) -     |     |                   |                                       |  |
| Name of Owner: (print)    |     | Last              | First                                 |  |
|                           |     | Full Middle Name: |                                       |  |
| Current Address:          |     |                   |                                       |  |
| City, State, Zip:         |     |                   |                                       |  |
| Phone: ( ) -              |     |                   |                                       |  |
| Email: (optional)         |     |                   |                                       |  |

|  |  |
|--|--|
| Federal Licensing/Background Checks for each employee/contractor attached? | YES <input type="checkbox"/> NO <input type="checkbox"/>   |
| Owner's Federal License Number:  |  |
|  | <b>TURN OVER</b>  |

