

www.ci.mequon.wi.us

Fax: 262/242-9655

Phone: 262/236-2914 Office of the City Clerk

11333 N. Cedarburg Rd. Mequon, WI 53092-1930

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? (Check one)	YES NO	
						If call, phone number? (Check one)	BUS HOME	
Type:	NEW		RENEWA	AL				
							·	
Name of Business: (print)								
Business Address:								
City, State, Zip:								
Business Phone:				()	-		
Name of Owner: (print)				Last		First		
				Full Middle Name:				
Current	Address:							
City, Sta	ate, Zip:							
Phone:			()	-			
Email: (optional)	1						
Federal Licensing/Background Checks for each employee/contractor attached?				s for	YES	S NO		
Owner's Federal License Number:								
						TURN OVER		

The undersigned affirms/swears that he/she has been a full citizen of the United States for at least two (2) years and has verified that each employee/contractor has been a full citizen of the United States for at least two (2) years and has made complete and true answers to each question, and understands that false statements are a violation of state law and that his/her past record will become a part of this application.

Owner's Signature			
State of Wisconsin) ss. Ozaukee County) ACKNOWLEDGEMENT Personally came before me	this day o	of, 20	
Notary Public, Ozaukee Co My commission is p If not, state expiration	ermanent.		
the granting of the licen I have caused the app	nt and the facts stated in this se.	application to be investigated and I in this application to be investigated and I have application to be investigated additional following reason(s). Attach additional following reason(s).	gated and I
Signature of Chief of	Police	Date	-
TO BE COMPLETED BY CLERK Date filed with Clerk:	License No. issued: GR -	Date license issued:	
Initials of Clerk:			
Receipt #:	Reissue receipt #:	Date license reissued:	