



**MOBILE HOME/TRAVEL HOME PARK LICENSE**

DATE: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

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

Name of Mobile Home/Travel Home Park: \_\_\_\_\_

Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by Town Staff

\_\_\_\_\_  
Date

STAFF ACTION: \_\_\_\_\_ Annual Fee: \$25.00 Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_