

**CAMPGROUND LICENSE APPLICATION**

**TOWN OF LYNDON  
Sheboygan County, Wisconsin**

1. NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
3. TELEPHONE: \_\_\_\_\_
4. LOCATION OF CAMPGROUND: \_\_\_\_\_  
\_\_\_\_\_
5. NUMBER OF CAMPSITES: \_\_\_\_\_
6. APPLICATION:      NEW \_\_\_\_\_                      RENEWAL \_\_\_\_\_
7. CHANGES IN NUMBER OF CAMPSITES FROM PRIOR YEAR: \_\_\_\_\_  
\_\_\_\_\_
  
8. This application is for a term of one (1) year beginning July 1 and ending June 30 of each year.
9. The license fee listed on the fee schedule and made payable to the Town of Lyndon, shall be paid at the time of issuance of the license.
10. This application must be submitted to the Clerk / Treasurer's Office at the address below before June 1 of each year.

**Town of Lyndon  
W6081 County Road N  
Plymouth, WI 53073**

**CERTIFICATE:**      I/We hereby certify that all of the above statements are true and correct to the best of my/our knowledge and belief.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**