



**Marathon City – Licensing
Committee**

311 Walnut Street PO Box 487
Marathon City, WI 54448
(715) 443-2221

Application Accepted:	
Accepted by:	
Review Date:	
Approval Date:	

TEMPORARY HUNTING PERMIT APPLICATION

Applicant Name:	Phone Number:
Mailing Address:	
Email Address:	
GENERAL INFORMATION	
This is for: (Check Applicable) <input type="checkbox"/> New Permit	
Driver's License Number:	Issuing State:
Vehicle Year, Make, Model, Color:	
Parcel Number of land being hunted:	
Species hunted:	
State DNR Number:	

General Application Requirements
Applications will not be accepted until the application has met with Village Staff to review the application and determine if all necessary information has been provided.

I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I give permission for the staff of Marathon City to contact listed individuals for the purpose of collecting information to be used as part of the permit review process. I further agree to withdraw this application if substantive false or incorrect information has been included.

Applicant Signature: _____

Date: _____