

**Payday Lender
Application**

Fee: \$50.00



Contact: (715) 486-2016

e-mail:

josh.miller@ci.marshfield.wi.us

A. PAYDAY LENDER INFORMATION:

Business Name: _____ Phone: _____

Manager Name: _____ Phone: _____

Mailing Address: _____

Building Location Address: _____

Date Established at Current Address: _____

Email Address: _____

Signature

Date

In operation at present location prior to
January 1, 2011.
Grandfathered

YES NO Located at least 1,500 feet from another payday
lender; and

YES NO Located at least 150 feet from any single-
family or two-family residential zoning district.