

License Fee: \$450.00/plus \$40.00 Ea. Dev.

TOTAL NO. OF DEVICES: \_\_\_\_\_

FEIN#: \_\_\_\_\_

### APPLICATION FOR AMUSEMENT CENTER LICENSE

I CERTIFY that I am a resident of the State of Wisconsin continuously since \_\_\_\_\_ and of  
The City of Racine continuously since \_\_\_\_\_.

#### INDIVIDUAL

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

Business Address: \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

Home Address: \_\_\_\_\_  
Zip \_\_\_\_\_ Phone \_\_\_\_\_

#### PARTNERSHIP

Name \_\_\_\_\_ Home Address/Zip \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### CORPORATION (NAME)

Name \_\_\_\_\_ Home Address/Zip \_\_\_\_\_ Phone \_\_\_\_\_

President: \_\_\_\_\_

Vice Pres.: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

PERSON IN CHARGE: \_\_\_\_\_

\_\_\_\_\_  
Home Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

LOCATION OF PREMISES TO BE LICENSED: \_\_\_\_\_

NUMBER/TYPE OF DEVICES: Jukeboxes \_\_\_\_ Mechanical Devices \_\_\_\_ Video Games \_\_\_\_

Signature of Applicant(s)

Print Name

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_