

Village of Hales Corners

5635 South New Berlin Road
Hales Corners WI 53130

414-529-6161



APPLICATION FOR AMUSEMENT DEVICE LICENSE

License Fee: \$40.00 per device

License # _____

IN ACCORDANCE WITH MUNICIPAL CODE CHAPTER 11.06 (4)

THE FOLLOWING QUESTIONS MUST BE ANSWERED COMPLETELY & LEGIBLY (Please Print)

NAME OF APPLICANT:			
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First Name Middle Initial Last Name

RELATIONSHIP OF APPLICANT TO BUSINESS:	
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Indicate whether applicant is owner, officer, agent or representative

APPLICANT'S HOME PHONE NO.	
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APPLICANT'S HOME ADDRESS	
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Street address, including apartment number – if applicable

City, State and Zip Code

BUSINESS NAME OF ORGANIZATION REQUESTING AMUSEMENT DEVICE LICENSE	
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BUSINESS PHONE NUMBER	
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BUSINESS ADDRESS	
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Street address

City, State and Zip Code

NAME OF OWNER OF DEVICES	
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DEVICE OWNER'S HOME ADDRESS	
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Street address, including apartment number – if appropriate

City, State and Zip Code

DESCRIPTION OF COIN OPERATED AMUSEMENT DEVICES:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____
- (7) _____
- (8) _____

TOTAL NUMBER OF DEVICES: _____ **X \$40.00 =** _____ **TOTAL FEE DUE**

The undersigned hereby applies for an amusement device license under the provisions of the Village of Hales Corners Municipal Code Chapter 11.06 (4). Said license will expire **June 30, ____**.

I certify that I am familiar with the laws, ordinances and regulations pertaining to this license, and I hereby agree if granted said license, to obey all provisions of said laws.

Signature of Applicant: _____ **Dated:** _____