

Village of Hales Corners

5635 South New Berlin Road
Hales Corners WI 53132
414-529-6161



APPLICATION FOR AMUSEMENT DEVICE LICENSE

License Fee: \$40.00 per device

License # _____

IN ACCORDANCE WITH MUNICIPAL CODE CHAPTER 170

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

NAME OF APPLICANT:			
	(First)	(Middle)	(Last)

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

APPLICANT'S HOME PHONE NO.	
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APPLICANT'S HOME ADDRESS	
Street address, including apartment number – if applicable	
City, State and Zip Code	

BUSINESS NAME/ ORGANIZATION REQUESTING AMUSEMENT DEVICE LICENSE	
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BUSINESS PHONE NUMBER	
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BUSINESS ADDRESS	
Street address	
City, State and Zip Code	

NAME OF OWNER OF DEVICES	
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DEVICE OWNER'S HOME ADDRESS	
Street address, including apartment number – if appropriate	
City, State and Zip Code	

DESCRIPTION OF COIN OPERATED PHONOGRAPHS, SOUNDIES, AND AMUSEMENT DEVICES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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 170. Said license will expire **June 30, 2026**.

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:** _____