

\$ 550.00 Fee Receipt No. _____ Date Issued _____ License No. _____

\$ _____ (\$30.00 for each viewing booth, room, or cubicle **in excess of 20**) Account No. 101.000.648

\$ _____ (\$15 Record Check Fee) Account # 101-030-7460

\$ _____ **Total**

Application for Adult-Oriented Establishment – City of Racine, WI License Expires March 31, current year

Today's Date _____, 20_____

The undersigned hereby applies for a license to conduct an adult-oriented establishment in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22, Sections 66 – 87 of the Municipal Code of the City of Racine.

Name of individual, partnership, or corporation:

Corporate applicants only: Insert state _____ and date of incorporation _____ .

Name, address, and date of birth of the applicant. (If a partnership, list the partners. If a corporation, list the principal officers, registered agent, and directors).

| Person's Name | Address & Home Phone Number | Date of Birth |
|---------------|-----------------------------|---------------|
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Written proof that the applicant (partners, officers, directors, and/or registered agent) is at least 18 years of age, is attached in the form of _____ .

Business name, address, and phone number:

Number of viewing booths, rooms, or cubicles: _____

Signature(s) of individual, partners, and registered agent:
