

Fee: \$300.00 application
 \$20.00 per Device
 \$15.00 Record Check per person

APPLICATION FOR AMUSEMENT CENTER LICENSE

FEIN#: _____

Wisconsin Seller Permit #: _____

NAME OF PERSON IN CHARGE: _____

TRADE NAME: _____ PHONE: _____

ADDRESS OF BUSINESS: _____

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

INDIVIDUAL OR PARTNERSHIP

Person's Name	Address & Home Phone Number	Date of Birth

CORPORATION (NAME)

Title	Name	Address	Date of Birth
President			
Vice-President			
Secretary			
Treasurer			

NUMBER/TYPE OF DEVICES: Jukeboxes____ Mechanical Devices____ Video Games ____

Signature of Applicant(s)

Print Name

Date of Birth

