

RECEIPT NO. \_\_\_\_\_ AMOUNT \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

License Fee: \$450.00/Yr. (\$300.00 after Jan. 1<sup>st</sup>) -plus-\$20.00 Ea. after Jan. 1<sup>st</sup>

TOTAL NO. OF DEVICES \_\_\_\_\_ @ \_\_\_\_\_ Each ACCOUNT NO. 101.030.641

**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 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**

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