

RECEIPT _____ AMOUNT _____ LICENSE NO. _____
ACCOUNT NO. 101.030.628 FEE: \$40.00 FOR EACH TABLE

CITY OF RACINE

APPLICATION FOR BILLIARD OR POOL ROOM LICENSE

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

____ CORPORATION ____ PARTNERSHIP ____ INDIVIDUAL ____ OTHER _____
OR LLC (Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (OWNER): _____

TRADE NAME: _____

BUSINESS ADDRESS: _____

BUSINESS TELEPHONE: _____ **ZIP CODE** _____

HOME ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

HOME TELEPHONE: _____

I/WE HEREBY APPLY FOR _____ TABLES.

SIGNATURE OF APPLICANT (Please print **SIGNATURE**) **DATE OF BIRTH**

SIGNATURE OF PARTNER/(IF APPLIES) (Please print **SIGNATURE**) **DATE OF BIRTH**

DATE

**OFFICE OF THE CITY CLERK
730 WASHINGTON AVENUE, RACINE, WI 53403
(262) 636-9171**