



AMUSEMENT DEVICE LICENSE APPLICATION

NAME

BUSINESS ADDRESS

NATURE OF BUSINESS

LICENSE FEE MUST ACCOMPANY THIS APPLICATION

TO THE COUNCIL OF THE CITY OF NEW RICHMOND, WISCONSIN:

I HEREBY APPLY FOR AN AMUSEMENT ARCADE LICENSE TO BE

EFFECTIVE FROM JULY 1, 20__ TO JUNE 30, 20__.

DO YOU OWN YOUR OWN MACHINES?

NAME OF OWNER OF MACHINES

IF CORPORATION OR ASSOCIATION, GIVE FULL NAME

IF CORPORATION, GIVE NAME OF STATE OF INCORPORATION

LIST LOCATION AND NUMBER OF MACHINES AT EACH LOCATION:

TOTAL NUMBER OF MACHINES _____ FEE OF \$15.00 PER MACHINE _____

TOTAL AMOUNT OF FEES \$ _____ RECEIPT # _____ DATE _____

SIGNATURE OF APPLICANT