

Date Filed _____

Cost \$250.00

Receipt No. _____

Background Check \$10.00

Date Granted _____

Tags \$40.00 Each

License No. _____

AMUSEMENTS

Application for Amusement Distributor's/Coin Machine License

Name _____

Date of Birth _____

Driver License / State ID Number _____

Home Address _____

Doing Business as _____ Phone No. _____

Business Address _____

City & State _____ Zip _____ Email _____

Would you like your renewal information emailed to you? (circle one) YES NO

LICENSE FEE MUST ACCOMPANY THIS APPLICATION

To the Common Council of the City of St. Francis, Wisconsin:

I/We hereby apply for a License/Licenses for coin-operated machine/machines to be effective from July 1, 2022 to June 30, 2023 (unless sooner revoked).

Answer all of the following questions completely:

Do you own your own machines? _____

IF you do not own machines, who is the owner? _____

Number of machines located in St. Francis: _____

Do you have a Police Record? _____

If so, what are the facts? _____

If a Corporation give full name/address _____

Applicant Signature