



CITY OF WAUWATOSA
 OFFICE OF THE CITY CLERK
 7725 WEST NORTH AVENUE
 Telephone: (414) 479-8921 Fax: (414) 479-8989

Date _____

ENTERTAINMENT / THEATER / VENDING LICENSE APPLICATION

License year: July 1, 20____ to June 30, 20____

<input type="checkbox"/> *Amusement Arcade - \$160 01-311-4340-000	<input type="checkbox"/> Pinball machines - \$38/ea. 01-311-4220-000	<input type="checkbox"/> Theater - \$.45/seat (\$75 min.) 01-311-4280-000
<input type="checkbox"/> Amusement Device - \$40/unit 01-311-4220-000	No. of units _____	No. of seats _____
No. of units _____	<input type="checkbox"/> Pool table - \$25/ea. 01-311-4210-000	<input type="checkbox"/> **Vending Machine - \$15/ea 01-311-4230-000
<input type="checkbox"/> Bowling Lanes - \$20/lane 01-311-4210-000	No. of units _____	No. of units _____
No. of Lanes _____	<input type="checkbox"/> Juke Box - \$25/unit 01-311-4200-000	<input type="checkbox"/> Police Background Check \$10
	No. of units _____	01-521-4160-000

Trade Name _____ Phone No. _____
 (Business name at Wauwatosa location)

Business Address _____

FAX NO. _____ E-mail address _____ WI Driver's License # _____

Business Owner _____ Address _____
 (Legal Licensee)

If corporation, give full corporation name and address: _____

List name and home address of each corporate officer; if partnership list each partner:

_____	_____
_____	_____
_____	_____
_____	_____

Agent Name _____ Date of birth: _____

Home Address _____ Agent Home Phone No. _____
 (WI resident responsible for Wauwatosa business operation)

Have you been convicted of any state or city health or building code violations with reference to the operation of this business? _____

If yes, explain: _____

* Amusement Arcade license must be applied for by operator of the Wauwatosa arcade location.
 ** Vending machine licenses **do not include** cigarette vending machines. A separate tobacco products license must be applied for.

**I HEREBY AGREE TO COMPLY WITH ALL LAWS, ORDINANCES AND REGULATIONS PERTAINING TO THE LICENSING OF THE ABOVE.
 I CERTIFY THAT ALL THE ABOVE ARE TRUE AND CORRECT.**

Signature _____

OFFICE USE ONLY Reports required: _____ Police _____ Health

Reports required: Police Health

Late Fee as of June 1st: **\$30 + 10% of each license / 01-311-4900-000**
 Late Fee after July 1st: **\$40 + 20% of each license / 01-311-4900-000**