

**APPLICATION FOR LICENSE
DISTRIBUTOR OF COIN-OPERATED AMUSEMENT DEVICES**
(Sec. 12.23 F.D.L. Municipal Code)

Wisconsin Seller's Permit
Number _____

License Expires: June 30, _____

1. Date of Filing _____

2. The Named ___ Individual ___ Partnership ___ Corporation hereby makes application

3. Name (Individuals/partners give last name, first, middle; corporation give registered name)

4. Applicant Information:

Name	Soc. Sec. No.	Date of Birth	Place of Birth
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5. Mailing Address _____

6. Trade Name _____ Phone Number _____

7. Address of premises _____ P.O. Box & Zip _____

8. Types of Devices Distributed: _____

Applicant's Signature

Home Address

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TO BE COMPLETED BY THE CLERK

Fee: \$55.00

Receipt No. _____ Date: _____

CONTROL NO. _____ Date of Issuance _____ License No. _____

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: Sue Strands, City Clerk

Subject: Cabaret License Application

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provide to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: Sue Strands, City Clerk

From: Chief of Police

Subject: Cabaret License Application

I hereby recommend that the application be:

_____ Granted a license

_____ Denied a license

Comments _____
