

**APPLICATION FOR LICENSE
AMUSEMENT ARCADE
(S. 12.24)**

TO: City Council of the
City of Fond du Lac, Wisconsin

Filing Date: _____

Fee: \$120.00

Wis. Seller's Permit No. _____ License Expires: June 30, _____

Pursuant to SS 77.61(11) Applicant must provide proof of Valid Wi Seller's Permit Number

Applicant is an _____ Individual _____ Partnership _____ Corporation

Name (Individual/partners give last name, first and middle initial; Corporations give registered name):

Corporations and clubs provide the following information on officers:

Name	Title	Home Address (including street, city & zip)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Appointment of agent:

The corporation by its President & Secretary hereby appoints _____
it's agent, who by affixing his signature below accepts the appointment.

Applicant Information: (On all applicants, officers, agents, etc.)

Name	Address	Date of Birth	Place of Birth (city/state)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have any of the individuals been convicted of a violation of federal, state or municipal law? If so list on back of application.

Address of premise: _____

Mailing address of premise: _____

Number of games or devices: _____ Hours of operation of establishment: _____

Business phone no.: _____ Agent's home phone no.: _____

Name and address of Property Owner(s):

SUBSCRIBED AND SWORN BEFORE ME

this _____ day of _____ 19 _____

(Individual/Partner)

(Notary Public or City Clerk)

(Pres of Corp. or Club/Partner)

Control No: _____

(Officer)

Receipt No: _____

Receipt Date: _____

(Officer)

License No.: _____

Date of Issuance: _____

(Agent)