

**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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \$60.00**

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.

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**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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_