



APPLICATION

ADULT-ORIENTED ESTABLISHMENT LICENSE

FORM
ADULT- APP
8/21

**RECEIPT
CODES**

CV \$575
C4 \$ 16

Late Fee
CG \$150

Business Type (check all that apply)

- Licenses are valid for one year and expire annually on June 30.
- Submit your non-refundable license fee with your completed application.
- Renewal applications are due May 1 annually or an additional \$150 late fees applies.
- Incomplete applications, or applications filed without the proper fee will be returned.
- Your name must appear exactly as it does on your driver's license or state id.
- **NEW** **RENEWAL**
 - Adult Bookstore Adult Cabaret/Adult Entertainment
 - Adult Motion/Mini-Motion Picture Theater Establishment
 - Other, describe: _____

TOTAL DUE: \$ _____ (CASH OR CHECK ONLY)

Business Information

Legal Entity Name (If Corporation or LLC)

Business Name (DBA)

Business Address

Business Phone Number

Business Email Address

Individual, Partner, Member, or Agent Information

Last Name, First Name, Middle Initial

List all previous names or aliases

Address

Date of Birth

Phone Number

Driver's License or State ID

Email Address



APPLICATION

ADULT-ORIENTED ESTABLISHMENT CONTINUED

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Additional Partner, Member, or Officer Information

Last Name, First Name, Middle Initial

Address

List all previous names or aliases

Date of Birth

Phone Number

Previous Operation

Has anyone on this application been involved in another adult-oriented establishment? Yes No

If yes, when and where:

If yes, was the previous operation ever suspended or revoked? Yes No

Acknowledgment/Signature

You must initial each of the following items confirming your understanding:

I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

I understand that this license does not permit material or performances prohibited by sec. 944.21 of the Wisconsin Statutes.

I have knowledge of the City Ordinances currently regulating this license, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the City of West Allis and State of Wisconsin.

To the best of my knowledge and belief, all statements and answers in this application are complete and true. I understand that if I provide false or fraudulent information on this application, the application will be denied.

Signature (Individual, Partner, Agent or Officer)

Date