



Clerk's Office
 7525 W. Greenfield Avenue
 West Allis, WI 53214
 (414) 302-8220
www.westalliswi.gov

ADULT-ORIENTED ESTABLISHMENT LICENSE

Fee: \$575 plus \$15/person record check fee

- Licenses are valid during the period of July 1, 20 ____ to June 30, 20____
- All fees are non-refundable
- Cash or check only
- Section 9.28 of the Revised Municipal Code

Renewal **New**

APPLICANT (All license information will be mailed or emailed to information provided in this section)

Registered Business Name Corporation or LLC <i>(complete Section II)</i>	
Registered Partnership Name <i>(complete Section II)</i>	
Individual <i>(complete Section I)</i>	
Federal Employer Identification Number (FEIN)	
Address of Entity	
E-Mail Address	
Phone Number	

ABOUT THE BUSINESS:

Business Name (d/b/a)	
Premises Address <i>(where business is being conducted)</i>	
Business Phone Number	
Exact Nature of the Adult Use	

SECTION I: INDIVIDUAL

Name <i>(first, middle, last, suffix)</i>	
Address	
City and Zip	
Phone Number	
E-Mail Address	
Date of Birth	
Driver's License or State I.D.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

SECTION II: CORPORATION, LLC, OR PARTNERSHIP

(List names and addresses of all members)

Name of Member <i>(first, middle, last, suffix)</i>	
Address	
City and Zip	
Phone Number	
E-Mail Address	
Date of Birth	
Driver's License or State I.D.	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

Name of Member <i>(first, middle, last, suffix)</i>	
Address	
City and Zip	
Phone Number	
E-Mail Address	
Date of Birth	
Driver's License or State I.D.	<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>

PREVIOUS OPERATION

Has anyone listed above ever been involved in an adult-oriented establishment at another location?	Y N
If yes, Where and When	
If yes, Was previous operation ever suspended or revoked?	Y N
If yes, Why	

I, the above named applicant, having completed the application, do hereby solemnly swear that the application is true and correct to the best of my knowledge.

DATED at West Allis, Wisconsin, this _____ day of _____, 20_____

SIGNATURE _____

CLERK'S OFFICE USE

LICENSE #	Council: Granted _____ POF _____ Denied _____			Issued
	Rights to Premises (N)	BINS Inspection (N)	PPO O	