



**APPLICATION FOR CITY OF WEST ALLIS
AMUSEMENT DISTRIBUTOR'S LICENSE
July 1, 20__ to June 30, 20__**

<input type="checkbox"/> Renewal	<input type="checkbox"/> New
BC/Application No. _____	
License No. _____	
From Police _____	
Granted _____	
Denied _____	
Placed on File _____	
Issued _____	
Record Check Fee _____	

With receipt of **\$450.00 plus \$7.00 Record Check NON-REFUNDABLE fees**, application is made for an AMUSEMENT DISTRIBUTOR'S LICENSE under the terms and provisions of Section 9.08 of the Revised Municipal Code of the City of West Allis. City's website: www.westalliswi.gov.

I. GENERAL INFORMATION

Applicant Is: Individual Partnership Corporation LLC

Name of Applicant _____
(Name of Individual, Partners, Corporation or LLC)

Federal Employer Identification Number (FEIN) _____

Doing Business As: _____

Applicant's Business Address _____

Applicant's Business Phone No. _____

Applicant's E-Mail Address _____

II. INDIVIDUAL INFORMATION (Only to be completed by those applying as individuals who reside in the State of Wisconsin)

Name _____ Date of Birth _____
First Middle Initial Last

Residence Street Address _____ Apt. No. _____

City _____ State ____ Zip ____ Home Phone No. _____

Length of Residence at above address _____

Driver's License/State ID #:

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III. PARTNERSHIP/CORPORATION/LLC INFORMATION

(Only to be completed by those applying as partners, a corporation or LLC)

- * Include names of all partners, corporate officers or LLC members.
- * Include dates of birth and middle initials or indicate if there is no middle initial.
- * If applicant is out of state, a resident in the State of Wisconsin must be designated as the agent.

Name _____ Date of Birth _____
First Middle Initial Last

Corporate Title or Position Held _____

Residence Street Address _____

City _____ State ____ Zip ____ Home Phone No. _____

Length of Residence at above address _____

Driver's License/State ID #:

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Inspection Sheet to: Police Dept. PP

Name _____ Date of Birth _____
 First Middle Initial Last

Corporate Title or Position Held _____

Residence Street Address _____

City _____ State ____ Zip _____ Home Phone No. _____

Length of Residence at above address _____

Name _____ Date of Birth _____
 First Middle Initial Last

Corporate Title or Position Held _____

Residence Street Address _____

City _____ State ____ Zip _____ Home Phone No. _____

Length of Residence at above address _____

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 _____, Wisconsin, this ____ day of _____, 20_____.

Signature and Title of Applicant