



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

# ARCADE LICENSE APPLICATION

- Licenses are valid during the period of July 1, 20\_\_ to June 30, 20\_\_
- A \$15 record check fee charged per person listed on the application
- All fees are non-refundable
- Cash or check only
  
- Section 9.10 of the Revised Municipal Code

**Renewal**     **New**

LICENSE FEE: **\$300** + TAGS \$ \_\_\_\_\_ + BACKGROUND CHECK FEE **\$15/PERSON** \_\_\_\_\_ =  
 TOTAL PAID: \$ \_\_\_\_\_

<b>APPLICANT</b> (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	

<b>ABOUT THE BUSINESS:</b>	
Business Name (d/b/a)	
Premises Address <i>(where business is being conducted)</i>	
Type of Good Sold	
Business Phone Number	
Names and addresses of all stockholders of 10%, or more, of capital stock of corporation	

Has any person/persons named in the application ever been convicted of violating any federal or state law bearing a criminal penalty, or any county, local, or municipal ordinance in conformity therewith, or conviction of the offenses of contributing to the delinquency of minors, exposing minors to harmful materials, liquor law violations involving minors, sex offenses of sexual assaults involving minors, or offenses against the controlled substances act?

YES NO

If yes, explain: date, place, offense and penalty levied

**SECTION I: INDIVIDUAL**

Name <i>(first, middle, last, suffix)</i>	
Address	
City and Zip	
Length of Residence at above address	
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"/>

**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	
Length of Residence at above address	
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	
Length of Residence at above address	
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"/>



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AMUSEMENT TAGS \$35.00 x _____ = \$ _____
PHONOGRAPH TAGS \$25.00 x _____ = \$ _____

	AMUSEMENT OR PHONOGRAPH	DEVICE NAME	SERIAL NO. (Required)	LICENSE NO. (office use only)
1.	<input type="radio"/> A <input type="radio"/> P			
2.	<input type="radio"/> A <input type="radio"/> P			
3.	<input type="radio"/> A <input type="radio"/> P			
4.	<input type="radio"/> A <input type="radio"/> P			
5.	<input type="radio"/> A <input type="radio"/> P			
6.	<input type="radio"/> A <input type="radio"/> P			
7.	<input type="radio"/> A <input type="radio"/> P			
8.	<input type="radio"/> A <input type="radio"/> P			
9.	<input type="radio"/> A <input type="radio"/> P			
10.	<input type="radio"/> A <input type="radio"/> P			

\_\_\_\_\_

Applicant's Signature and Date

CLERK'S OFFICE USE				
LICENSE #	Council: <b>Granted</b> _____	POF _____	<b>Denied</b> _____	PPO <input type="radio"/> Issued <input type="radio"/>