

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"/> - <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"/> |

| | |
|--|---|
| 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"/> - <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"/> |

PERSON IN CHARGE/MANAGER

| | |
|--------------------------------|---|
| Name of Person in Charge | |
| 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"/> - <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"/> |

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 of Owner(s) or Corporate/LLC Agent _____

CLERK'S OFFICE USE

| LICENSE # | Council: Granted _____ POF _____ Denied _____ | | | Issued |
|-----------|---|--------------|-------|--------|
| | BINS (N) _____ | Police _____ | PPO O | |