

Fee:

CITY OF PRAIRIE DU CHIEN

Application for Amusement Device and Arcade License

Only applicable to premises where nineteen or more amusement devices are located.

For the license period beginning _____, 20____; ending _____, 20_____.

To the City of Prairie du Chien, Crawford County, Wisconsin:

1. The below named ____INDIVIDUAL OWNER, ____PARTNERSHIP, ____LLC, ____CORPORATION/
NON-PROFIT ORGANIZATION hereby makes application for an Amusement Device and Arcade License.

2. NAME OF APPLICANT _____

MEMBERS OF PARTNERSHIP, LLC, OR CORPORATION/NON-PROFIT ORGANIZATION.

List name, title, and address of each member.

3. TRADE NAME _____

AGENT NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____

4. PREMISES DESCRIPTION. Describe building or buildings where amusement devices are to be operated in. All rooms directly or indirectly accessible and under control of the applicant must be included. (Devices may be operated only on premises described.)

Business Address: _____ Telephone: _____

