



**CITY OF WAUKESHA
CLERK TREASURER'S DEPARTMENT**
201 Delafield Street, Waukesha WI 53188
City Hall Room 104
Tel: (262) 524-3550 Fax: (262) 524-3888
www.waukesha-wi.gov

APPLICATION FOR VARIOUS LICENSES

For license period ending 6/30/

A. ESTABLISHMENT & APPLICATION INFORMATION

Trade Name of Establishment _____

Address of Establishment _____ City _____ Zip _____

Owner's Name: _____

Phone Number _____ Email _____

B. AMUSEMENT GAME DEVICE INFORMATION (am)

PLEASE BE ADVISED that it is unlawful to use any video-type amusement games as gambling machines (pay out money, coupons, rewards of any type for playing the game). If you apply to license video-gambling machines, you must state under separate sworn affidavit that they will be used only for amusement purposes under the provisions of Wisconsin law.

| Type of Game or Device <small>(See below for game type examples)</small> | Name of Game or Device | Qty | Name of owner or company that owns amusement device | Gambling Machine? <small>*We cannot license games used for gambling purposes.</small> | |
|---|------------------------|-----|--|--|-----------------------------|
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Use back of form to list additional games/devices if necessary*

Game Type Examples: table shuffle boards, skee ball, basketball, pin games, marble games, quiz games, video games, video devices, electronic games, foosball, etc.

FEE: Total Quantity of Devices (Listed on front & back of this form) _____ x \$40 per device = \$ _____ **(Total)**

C. OTHER LICENSE INFORMATION

| Type of License Applied for: | Quantity | Fee per unit | Amount Due (Quantity x Fee per unit) |
|--|----------|--------------|--------------------------------------|
| Pool Table – Coin Operated <small>(lm)</small> | | \$40.00 | |
| Pool Table – Non-Coin Operated <small>(lm)</small> | | \$10.00 | |
| Juke Box <small>(jb)</small> | | \$30.00 | |
| Dance <small>(dn)</small> | | \$50.00 | |
| Bowling Lane <small>(bl)</small> | | \$15.00 | |
| Indoor Skating Rink <small>(sk)</small> | | \$25.00 | |

D. TOTAL LICENSE FEES DUE

| | | |
|---|-----------|--|
| Total Amount Due for Amusement Game Devices & Other Licenses | \$ | Fees Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|-----------|--|

E. NOTARIZED SIGNATURE

I do hereby swear under penalty of law that the information provided on this application is true and correct. I acknowledge that I have read and agree to be bound by all items and provisions of the City of Waukesha ordinances and provisions of Wisconsin law.

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public, State of Wisconsin

Owner Signature _____

My Commission expires: _____

