

## ewaukee Coin Machine Permit Application

License Fee \$35/device

Date of Application:	
Date of Application.	

BUSINESS / APPLICANT INFORMATION				
Business Name:	:		FEIN #:	
			Phone #:	
	:			
Partnerships LLC & Corpor	- Please list names and addre	esses of <u>all partners</u> - <i>use a</i> ll addresses of <u>all members</u>	another sheet of paper, if needed.  rs including officers, directors and agents.	
Name	Addre	ss	City State Zip	
COIN MACHINE OWNER'S INFORMATION				
Owner's Name:	:	Owner's Phone Number:		
		Owner's Address:		
		COIN MACHINE	E DEVICES - Use Additional Sheet of Paper if Needed	
- - -	Type of Device	Location of Device	Serial Number Quantity	
	S	IGNATURE OF APPLICA	CANT (Business Owner)	
utes regarding o	form, I hereby acknowledge t coin operated machines. I ac ses. At the time that any info	hat I will adhere to the Vill knowledge that all coin op	be signed in front of a notary.  Illage of Pewaukee Ordinances and the State of Wisconsin State Stateperated machines are for entertainment only and may only be used nges I acknowledge it is my responsibility to update the information	
	Are you a citizen of the Un	ted States? YES / NO F	Have you ever been convicted of a felony? YES / NO	
			Date:	
	sconsin, County of , by		ment was signed before me on the day of	
No	otary's Signature	Commission e	(seal)	
For Office Use	-		Number of Machines x 35.00 =	