



VILLAGE OF WEST MILWAUKEE

4755 WEST BELOIT ROAD
WEST MILWAUKEE, WI 53214
TELEPHONE (414) 645-1530
FAX (414) 671-8089
www.westmilwaukee.org

Office use only: License #20 ___/___-_____

DANCE HALL LICENSE APPLICATION

LICENSE PERIOD: JULY 1, 20____ THROUGH JUNE 30, 20____

____ Dance Hall \$100.00

Total Amount Paid \$_____ TR# _____

____ Late fee if not paid by due date \$25.00

ANSWER ALL QUESTIONS FULLY AND COMPLETELY: **(PLEASE PRINT)**

Owner Operator:

Name must match your liquor, wine, beer & food licenses. Individual Partnership Limited Liability Company Corporation/Non-Profit Organization:

Address _____ City _____ State _____ Zip _____

Phone # _____ Fax# _____ Cell Phone# _____

E-mail Address _____

Doing Business as (Name of business) _____ W. Milwaukee, WI _____ (414) _____ - _____
Business name (D/B/A) Business address Business Phone #

Owner Operator/Agent Name _____ Home Address _____ City _____ State _____ Zip _____

Phone # _____ Fax# _____ Cell Phone# _____ E-mail Address _____

Manager (Person in Charge) _____

Home Address _____ City _____ State _____ Zip _____

Phone # _____ Fax# _____ Cell Phone# _____

E-mail Address _____

Applicant agrees to comply with and be bound by all laws, ordinances, rules, regulations and penalties covering the business for which the license(s) is applied for. Licenses expire on June 30, 20____.

Signature of Applicant

Date