

VILLAGE OF WEST MILWAUKEE

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

Office use only: License #20___/__-

AMUSEMENT DEVICE LICENSE APPLICATION

LICENSE PERIOD: JULY 1, 20___ THROUGH JUNE 30, 20__

Establishments should only apply for licenses on machines that they own. Please pay for the owner operator fee along with the registration fee per machine if you in fact do own the machine. Amusement and Vending companies apply for and pay the Distributor fee along with the registration fee per machine.

Any person maintaining, operating or permitting the operation of a mechanical or electronic amusement device shall obtain a license to operate such device from the village clerk. Mechanical or electronic amusement device means any machine, device or game which, upon the insertion of a coin, slug, token or similar item, permits a person or operator to use the device as a game or contest of skill or amusement, whether or not the device registers a score, and which is not a gambling device. The term shall include but is not limited to, jukeboxes, movie projectors, electronic or mechanical game machines, pinball machines, pool or billiard tables, video machines, bowling machines, darts and electronic dart ball.

PLEASE BE ADVISED that it is unlawful to use any video-type amusement games as gambling machines (pay out money, coupons, rewards of anytype 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.

FEE SCHEDULE	Description		Amount	Total Amt. Paid
Distributor Fee	(Plus registration per machine below)		\$250.00	
(Distributor mean	s a person who leases or rents or places with ot	hers for use or operation, one or more	coin-operated devices in	the village)
Owner Operato	r (Plus registration per machine belov	v)	\$50.00	
Registration per	r machine (N/A for Arcade)	# of machines	@ \$50.00	
	to 5 or more machines at 1 location- ly to Distributors – all 5 or more mechanical o		\$500.00 er operated to qualify as	an Arcade)
Late fee if not pa	aid by due date \$25.00	Total Amount Paid \$		TR#
	e appropriate lines above showing t are applying for. Machine informati	he license you are applying for on needs to be listed on the b	r. Please enter the ack side of this app	number of
Distributor/Vending Com	ANSWER ALL QUESTIONS FU pany Name:	<u></u>	E PRINT) ontact Name	
Mailing Address		Cit	ty	
StateZip_	Phone #		-ax#	
Cell Phone#	E-mai	l Address		
	r, wine, beer & food licenses.			
StateZip_	Phone #		ax#	
Cell Phone#	E-mai	l Address		
Doing Business as (Name o	of business)Business name (D/B/A)	W Business address	. Milwaukee, WI	(414) - Business Phone #
Owner Operator/Agent N	lame First	Middle	Last	
Home Address			ty	
State Zip_	Phone #	F	-ax#	
Cell Phone#	E-mai	l Address		
Manager (Person in Charg	re)			
Home Address	First	Middle Cit	Last ty	
StateZip_	Phone #		-ax#	
Cell Phone#	E-mai	l Address		

Machine information – You must list of all types of machines, location where the machine is and also the name and type of each game or device. Gambling Machine? Business name & Address * We cannot license games Name of Type of (Leave Blank) (Location of Machine) used for gambling purposes Game or Device Game or Device License No 1) 8 9 2) 1 6 8 9 1 2 4 6 8 9 1 2 3 Yes 4 6 8 9 1 2 3 4 5 6 7 8 9 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 Village of West Milwaukee ordinances and provisions of Wisconsin law. I swear that each device listed in my application for an Amusement Game or Device License is not used at any time as a "gambling machine" as that term is defined by section 945.01(3) of the Wisconsin Statutes. 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____. (An affidavit of compliance with state gambling laws must be completed, signed and received along with this application)

Print Owner's Name Signature of Owner Date