

City of Oconomowoc
Application for Arcade License

174 E. Wisconsin Avenue, P. O. Box 27
 Oconomowoc, WI 53066 Phone: (262)569-3236

Distributor/Operator Fee - \$150
Plus \$25 Per Amusement

****Any device which is contrary to any provision of State Law, including the Chapter 945 Provisions against Gambling Machines, cannot be licensed as an Amusement Device****

For the License Period beginning _____ and ending June 30, _____					
Business Name of Applicant:			Trade Name (if different from Applicant):		
Applicant's Mailing Address :			City, State, Zip Code :		
Address of Licensed Premises:			Telephone Number:		
Applicant is (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S.C. <input type="checkbox"/> LLC <input type="checkbox"/> Other _____					
Wisconsin Seller's Permit No.					
Name(s) of Individual; All Partners; OR Corporate Officers <small>(First Name, Middle Initial, Last Name)</small>	Title	Home Address	Post Office & Zip Code	Date of Birth	Phone Number
-----	President/Member	-----	-----	-----	-----
-----	Vice-Pres/Member	-----	-----	-----	-----
-----	Secretary/Member	-----	-----	-----	-----
-----	Treasurer/Member	-----	-----	-----	-----
-----	Premises Manager	-----	-----	-----	-----
Name and Address of Owner of said Premises:					
Number of games, machines, tables or amusement devices to be located upon the premises to be licensed:					
Specify the exact type of device being licensed. PLEASE NOTE anything that is a video-type machine that pays out money, coupons, etc. cannot be licensed by the City.					

Has any person or persons named in this application ever been convicted of violating any federal or state law bearing a criminal penalty, or any county, local, or municipal ordinance in conformity therewith, or conviction of the offenses of contributing to the delinquency of minors, exposing minors to harmful materials, liquor law violations involving minors, sex offenses or sexual assaults involving minors, or offenses against the controlled substances act?					
If yes, please explain.			Yes / No		

I hereby certify or declare under penalty of perjury under the laws of the State of Wisconsin that the foregoing is true and correct.					
Signature of Applicant _____			Date _____		
For City Use Only					
Approve / Deny			Approve / Deny		
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Police Department _____			Building Inspector _____		
Date _____			Date _____		
Reported to Council:		Issued:		License No.:	