



APPLICATION FOR AMUSEMENT DEVICE LICENSE

\$20.00/MACHINE

To be filed with the City Clerk

City of Shawano

127 S. Sawyer Street

Shawano, WI 54166

Payable to: City of Shawano

An application for an amusement device license under Chapter 7, conforming with the City of Shawano, Wisconsin, ordinance relating to licensing of amusement devices.

Business Name: _____

Business Address: _____

Agent Name: _____

Telephone No. (Cell) _____ (Work) _____

DESCRIPTION OF AMUSEMENT DEVICES

NAME OF DEVICE	SERIAL NUMBER	LOCATION	DEVICE OWNER'S NAME
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(If additional space is needed, please use blank paper and attach to application.)

The undersigned understands that Section 7.03(4) of the City of Shawano Municipal Code provides that no licensee shall permit any person to use any machine licensed hereunder for gambling purposes, nor shall the possessor of any such device permit any intoxicated person or a person under 18 years of age to engage in and play such a device.

Dated this ____ day of _____, 20__.

Applicant Signature

Please note: According to City Ordinance, your Personal Property taxes and Real Estate taxes must be current.

MUST PROVIDE THE FOLLOWING:

FEIN: _____ **SELLERS PERMIT NO.:** _____