

VILLAGE OF MONTICELLO
APPLICATION FOR AMUSEMENT DEVICE LICENSE
Licensing Year: July 1, 20__ – June 30, 20__

Name of Establishment: _____

Business Address: _____

Owner or Agent: _____

Owner or Agent Address: _____

I hereby apply for a permit to operate (fill in # of each)

_____ Juke Box _____ Game Machines

_____ Pool Table _____ Poker Machines

_____ Dart Board _____ Ping Pong

_____ Pull Tab Machine _____ Foosball Table

_____ Bumper Pool

TOTAL # of Devices at this location _____ X \$6.00/each = \$ _____

DISTRIBUTOR INFORMATION

Do you own your own machines? ____ Yes ____ No

Name of Distributor Total # of Devices from
Who provided devices: _____ this distributor _____

Distributor Address: _____ Phone # _____

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Who provided devices: _____ this distributor _____

Distributor Address: _____ Phone # _____

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Who provided devices: _____ this distributor _____

Distributor Address: _____ Phone # _____

I hereby certify the foregoing answers are true and correct. I agree, in consideration of the grant of this license, to comply with the laws of the State of Wisconsin and the Municipal Code.

Applicant Signature

Date