



CITY OF JANESVILLE

Amusement Device and Amusement Center License Application (LH)

Licensing Period: July 1 through June 30

<input type="checkbox"/> New	Device fee: \$32.00 Each to a Maximum of \$640
<input type="checkbox"/> Renewal	Center fee: \$210.00 If Five (5) or More Devices City Ordinance 5.08 and 5.12

City of Janesville ordinance 5.02 requires accounts with the City be current before a license can be issued. Fee is non-refundable.

Company Name: _____

Trade Name: _____

Phone Number: _____

Company Address: _____

Street City State Zip

Location of Device(s): _____

Street City State Zip

Number of Devices to License: _____ **X \$32 =** _____ **Not to Exceed \$640**

I hereby guarantee the truth of the above statements. If anything occurs to change any fact set out in the occurrence thereof. I further agree to abide by the laws and ordinances governing the operation of this application, I understand that I must file a notice in writing with the City Clerk of such change within 10 days after the occurrence thereof. I further agree to abide by the laws and ordinances governing the operation of amusement devices.

Signature of Applicant Date

*****For 5 or More Devices, Please Complete the Amusement Center Portion of This Form Below*****

Amusement Center Fee: \$210.00 (If Establishment Has Five (5) or More Devices)

Owner's Legal Name: _____

First Last

Owner's Home Address: _____

Street City State Zip

Owner's Previous Address: _____

Street City State Zip

Owner's Home Phone #: _____ Social Security #: _____ Date of Birth: _____

Janesville Resident ____ years ____ months.

Have you ever been convicted of violating any laws or ordinances? (Not Including Traffic) ____ Yes ____ No

If Yes, list dates and charges: _____

Manager's Legal Name: _____

First Last

Manager's Home Address: _____

Street City State Zip

Manager's Home Phone #: _____ Social Security #: _____ Date of Birth: _____

Attendants (List current address and previous address if less than 3 years at present address)

Legal Name	Address	Social Security #	Date of Birth	Sex	Race
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Hours of Operation:

Monday _____ Friday _____
 Tuesday _____ Saturday _____
 Wednesday _____ Sunday _____
 Thursday _____

Other business to be conducted on premises: _____

I hereby guarantee the truth of the above statements. If anything occurs to change any fact set out in this application, I understand that I must file a notice in writing with the City Clerk of such change within 10 days after the occurrence thereof. I further agree to abide by the laws and ordinances governing the operation of amusement centers.

 Signature of Applicant Date

OFFICE USE ONLY:

Recommended for License _____ Yes _____ No

 Chief of Police Date

Reasons if not recommended for License: _____

Council Approval Date:

License Number: