



CITY OF SOUTH MILWAUKEE
 2424 15TH AVENUE
 SOUTH MILWAUKEE
 TEL: 414-762-2222

OFFICE USE ONLY	
DATE RECEIVED	_____
DATE TO PD:	_____
DATE TO CC:	_____
License # issued:	_____

AMUSEMENT/ARCADE DEVICE LICENSE APPLICATION

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

FEE SCHEDULE	Amount	Total Amt. Paid
<input type="checkbox"/> Amusement Device Operator (Plus device tags per machine below)	\$ 400.00	_____
<input type="checkbox"/> Amusement Device Tags (Video games, dartboards, jukeboxes, etc.) _____ # of Machines	@ \$ 85.00	_____
<i>NOTE: A list of locations and types of machines at each location must accompany this form</i>		
<input type="checkbox"/> Pool Tables _____ # of Pool Tables	@ \$ 25.00	_____
<input type="checkbox"/> Arcade License	\$ 100.00	_____
<input type="checkbox"/> Bowling Lanes _____ # of Bowling Lanes	@ \$ 10.00	_____
Total Amount Paid:		_____

ANSWER ALL QUESTIONS FULLY AND COMPLETELY: (PLEASE PRINT)

Distributor/Vending Company Name _____ **Contact Name** _____
Mailing Address _____ **City** _____
State _____ **Zip** _____ **Phone #** _____ **Email Address** _____
Federal Tax ID # (FEIN) _____ **WI Seller's Permit #:** _____

To be completed ONLY if applying for a Amusement Device Operator/Arcade License:

Agent/Company Officers Name: _____ **SS#:** _____
Address _____
Phone _____ **Date of Birth:** _____ **Driver's License #:** _____
Email Address: _____

Agent/Company Officers Name: _____ **SS#:** _____
Address _____
Phone _____ **Date of Birth:** _____ **Driver's License #:** _____
Email Address: _____

Agent/Company Officers Name: _____ **SS#:** _____
Address _____
Phone _____ **Date of Birth:** _____ **Driver's License #:** _____
Email Address: _____

HAS ANY INDIVIDUAL 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?
 NO YES IF YES, EXPLAIN: _____

IS THE APPLICANT LICENSED OR BONDED BY ANY AGENCY OTHER THAN THE CITY OF SOUTH MILWAUKEE?
 NO YES IF YES, EXPLAIN: _____

Applicant Signature: _____
By signing above, I submit to a background check by the South Milwaukee Police Department.
(Background checks are for Amusement Device Operator & Arcade Licenses ONLY)

SOUTH MILWAUKEE POLICE DEPARTMENT

The South Milwaukee Police Department has conducted a review of Police Reports/Records of said applicant(s) for an **AMUSEMENT DEVICE OPERATOR** or **ARCADE LICENSE** for the current license period and hereby recommends that this application be:

- Approved
- Denied
- Reviewed

REASONS: _____

RECORDS SEARCHED BY: _____

T.A.G.G. SUPERVISOR: _____

CHIEF OF POLICE: _____

TTY: _____
IQ/FQ: _____
MAJIS: _____
COMPCHECK: _____
ENTERED: _____

COMMENTS: