



Oak Creek
 8640 S. Howell Ave.
 Oak Creek, WI 53154
 (414) 768-6500

CITY OF OAK CREEK

AMUSEMENT DEVICE OPERATOR AND AMUSEMENT DEVICES LICENSE APPLICATION

BUSINESS NAME _____

BUSINESS ADDRESS _____
 (street address) (city) (zip)

APPLICANT'S NAME _____

BUSINESS TELEPHONE _____

The undersigned hereby applies for an amusement device operator license to operate amusement devices in the City of Oak Creek, Wisconsin.

Amusement Operator Fee: **\$150.00** Total amount due: \$ _____

The undersigned hereby applies for an amusement device license(s) at the following locations:

a. Pool/Billiard Table Number: _____ Location: _____
 Number: _____ Location: _____
 Number: _____ Location: _____
 Number: _____ Location: _____
 Number: _____ Location: _____

b. Coin-Operated Number: _____ Location: _____
 (such as juke box, Number: _____ Location: _____
 electronic game) Number: _____ Location: _____

Amusement Device Fee **\$45.00 each device** Total amount due: \$ _____

All Applicants agree to comply with and be bound by all the laws, ordinances, rules, regulations and penalties covering the business for which the license(s) is applied. All licenses expire on June 30, _____.

Date: _____

 Signature of Applicant