

Application for Coin Machine Permit

For the Licensing Year of July 1, 20__ to June 30, 20__



YOUR CONTACT INFORMATION

First Name Last Name

Address

City/State Zipcode

Phone Email

NAME & NATURE OF BUSINESS

\$20.00 License Fee PER MACHINE MUST Accompany This Application

(Coin-operated machines include ALL type of electronic devices that require the customer to insert a coin, bill, token, or electronic card.)

To The Clerk of The Village of West Salem, Wisconsin:

(I) (We) hereby apply for a (permit) (permits) for a coin-operated (machine) (machines) to be effective from July 1, 20__, to June 30, 20__ (unless sooner revoked).

Do you own your own machines? Yes No

Name of Owner of Machines:

Names, Type of Machines, And Number of Machines on Premises (Application will not be accepted unless all information is provided):

Are you a citizen of the United States? Yes No

How long have you been a resident of this municipality immediately preceding the filing of this application?

Do you have a police record? Yes No

If yes, please explain:

If a Corporation or Association, give full Corporation Name:

If a Corporation, give name of State of Incorporation:

DATED this ____ day of _____, 20__

Signature