

STATE OF WISCONSIN

Milwaukee County }  
 } ss.  
 City of Glendale }

Permit Fee Paid \$ _____	Receipt # _____
Date Issued _____	Permit # _____

<b>APPLICATION FOR ARCADE LICENSE</b> <b>For the license period beginning _____ and ending June 30, _____</b>					
Business Name of Applicant:			Trade Name (if different from Applicant):		
Applicant's Mailing Address:			City, State, Zip Code:		
Applicant is (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S.C. <input type="checkbox"/> LLC <input type="checkbox"/> Other _____					
Name(s) of Individual; All Partners; OR Corporate Officers <small>(First Name, Middle Initial, Last Name)</small>	Title	Home Address	Post Office & Zip Code	Date of Birth	Phone Number
	President/Member				
	Vice-Pres./Member				
	Secretary/Member				
	Treasurer/Member				
	Premises Manager				
Address of Licensed Premises:			Telephone Number:		
Name and address of owner of said premises:					
Number of games, machines, tables or amusement devices to be located upon the premises to be licensed:					
Names and addresses of all stockholders of 10%, or more, of capital stock of corporation:					
Has any person or persons 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 in conformity therewith, or conviction of the offenses of contributing to the delinquency of minors, exposing minors to harmful materials, liquor law violations involving minors, sex offenses or sexual assaults involving minors, or offenses against the controlled substances act? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, explain (date, place, offense and penalty levied):					
Signature of Applicant				Date	

## ARCADE LICENSE

No person, firm or corporation shall operate an arcade containing five (5) or more amusement devices for the primary use and entertainment of the public without first having obtained a license therefore, as provided in Section 7, Chapter 5, City Ordinances.

### APPLICATION FOR ARCADE LICENSE FORM

Submit to: City Clerk, City of Glendale  
5909 North Milwaukee River Parkway  
Glendale, WI 53209-3815  
(414) 228-1742

Type or Print in ink.

Provide a complete answer for each question.

#### Additional Requirements:

A licensed arcade operator must be on the licensed premises at all times during the hours the arcade is open to the public. A separate application and fee is required for each Arcade Operator.

#### Fees:

\$250.00 Annual Fee

#### Additional Fees:

\$15.00 background investigation report for each person named on application.

#### Duration:

License shall have a term of one (1) year commencing on July 1, and expiring on June 30 of each year. If granted subsequent to July 1 in any given year, license shall expire on June 30 after issuance.

#### Late Penalty:

**MUST BE TURNED IN BY MAY 15.**

**A double fee will be assessed on all delinquent renewal applications.**