



Application for Amusement or Arcade Devices

Date Rec'd _____
Recp# _____
Date Apprv'd _____
Lic# _____

PLEASE PRINT CLEARLY. This license is applied for under Title 7, Chapter 7 of the Village of Howards Grove Code of Ordinances, which requires all of the following information. Please answer all questions completely. Incomplete or illegible forms will be returned.

BUSINESS NAME _____ BUSINESS PHONE _____

BUSINESS ADDRESS _____
Street City State Zip

APPLICANT NAME _____ PHONE (best # to reach you) _____
(Person Responsible for Management of the Devices/Arcade)

APPLICANT ADDRESS _____
Street City State Zip

OWNER OF DEVICES _____
(If different from applicant)

_____ No. of Devices- \$25 each

LISTING OF DEVICES (include type and make – example: Pinball Machine, Bally Midway). Attach separate sheet if necessary.

PLEASE ANSWER THE FOLLOWING:

1. Have you ever been convicted of any local ordinance, state or federal law related to the activity being licensed (including operating without a license, not posting the license as required, etc.)? YES _____ NO _____
2. Please list the hours of operation when the devices will be used? _____

3. Please list the manner of supervision whenever devices will be used? _____

If yes to #1, or you need additional space for #2-3, please use back or attach additional sheet

I hereby make application to the Village Board of the Village of Howards Grove, Sheboygan County, Wisconsin, for a License to operate amusement or arcade devices as identified above. I understand that, if granted, the license shall be conspicuously displayed on the premises at all times. I hereby certify that the information provided on this application is true and correct. I understand that failure to provide all required information or that falsification of any information may be grounds for denial or revocation of this license.

SIGNATURE OF APPLICANT:

_____ Date _____

