



**CITY OF JANESVILLE**

**Amusement Device and Amusement Center License Application (LH)**

Licensing Period: July 1 through June 30

<input type="checkbox"/> New	Device fee: \$33.00 Each to a Maximum of \$660
<input type="checkbox"/> Renewal	Center fee: \$215.00 If Five (5) or More Devices City Ordinance 5.08 and 5.12

City of Janesville ordinance 5.02 requires accounts with the City be current before a license can be issued. Fee is non-refundable.

Company Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

Street City State Zip

Location of Device(s): \_\_\_\_\_

Street City State Zip

**Number of Devices to License:** \_\_\_\_\_ X \$33 = \_\_\_\_\_ Not to Exceed \$660

I hereby guarantee the truth of the above statements. If anything occurs to change any fact set out in the occurrence thereof. I further agree to abide by the laws and ordinances governing the operation of this application, I understand that I must file a notice in writing with the City Clerk of such change within 10 days after the occurrence thereof. I further agree to abide by the laws and ordinances governing the operation of amusement devices.

\_\_\_\_\_  
Signature of Applicant Date

**\*\*\*For 5 or More Devices, Please Complete the Amusement Center Portion of This Form Below\*\*\***

**Amusement Center Fee: \$215.00 (If Establishment Has Five (5) or More Devices)**

Owner's Legal Name: \_\_\_\_\_  
First Last

Owner's Home Address: \_\_\_\_\_  
Street City State Zip

Owner's Previous Address: \_\_\_\_\_  
Street City State Zip

Owner's Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Janesville Resident \_\_\_\_ years \_\_\_\_ months.

Have you ever been convicted of violating any laws or ordinances? (Not Including Traffic) \_\_\_\_ Yes \_\_\_\_ No

If Yes, list dates and charges: \_\_\_\_\_

Manager's Legal Name: \_\_\_\_\_  
First Last

Manager's Home Address: \_\_\_\_\_  
Street City State Zip

Manager's Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Attendants (List current address and previous address if less than 3 years at present address)

Legal Name	Address	Social Security #	Date of Birth	Sex	Race
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Hours of Operation:

Monday \_\_\_\_\_ Friday \_\_\_\_\_  
 Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_  
 Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_  
 Thursday \_\_\_\_\_

Other business to be conducted on premises: \_\_\_\_\_

I hereby guarantee the truth of the above statements. If anything occurs to change any fact set out in this application, I understand that I must file a notice in writing with the City Clerk of such change within 10 days after the occurrence thereof. I further agree to abide by the laws and ordinances governing the operation of amusement centers.

\_\_\_\_\_  
 Signature of Applicant Date

OFFICE USE ONLY:

Recommended for License \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
 Chief of Police Date

Reasons if not recommended for License: \_\_\_\_\_

Council Approval Date:

License Number: