

"meeting community needsenhancing quality of life"

FEES ARE NON-RE	FUNDABLE	Date Rec'd \	>
Acct Code: CLCAMS Lic	ense Fee:		
\$15.00 per machine (_	5) X \$15.	.00 = <u>75 · 00</u>	
	15 machines a	and over \$250.00	
Acct Code. CLCPIF	Investigation	Fee + \$7.00	
TOTAL AMOUNT PAID	<u>\$つら</u>		
Receipt No. \\	06-6061		
License period – July 1	and ending Jun	e 30 of the following year	

APPLICATION for

MECHANICAL AMUSEMENT DEVICE LICENSE

				which upon the insertion o	아는 동안이 하라면 그리지 않는 이 없어?			
	얼마 가입하다 그는 얼마 없다.		A billiard table or po	ol table is a mechanical devi	ce when operate	ed commercially,		
whether is it coin								
SECTION 1 – BUSIN	NESS INFOR	MATION	I – Answer all questio	ns completely. Please PRINT	clearly			
Name of Corporation/Individual BSS Whoration					Date of Birth			
Corporation/ Individual Address			City	State	Zip			
V 3045 WINNI PEPST		······································	Menasha	MI	54957			
Corporation/ Individua	i Telephorie N	umber						
SECTION 2 – LOCÁ	TION INFOR	OITAM	N					
Trade Name of Establishment Richmond Mobil				Tel	Telephone Number			
Street address where devices will be operated:			City	State	Zip			
3401 N.	3401 N. Kichmond St.		St.	appleton	WI	54911		
SECTION 3 - AMUS	SEMENT DE	VICES						
Number of Devices:	7		1	E LICENSING 15 OR MORE AMU: REQUIRED. PLEASE CONTACT TI				
				OR DETAILS. (920.832.6468)	HE DEPARTIVIENT	JF COMMONT		
Description of Dev	ices:		DEVELOTATEMENT	JN DETAILS: [320:032:0400]				
Bac	laktu	geen	re					
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						WARRANTON TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO TH		
SECTION 4 – PENA	LTY NOTICE							
The undersigned req Appleton.	uest that a li	cense be	granted in accordance v	vith Sections 9-126 to 9-129 of	the Municipal Cod	e of the City of		
Signature of Applic	ant	S -	-61					
o.B.i.ata. c o. 7.bb.i.		/	7					
FOR OFFICE USE O	NLY							
DEPARTMENT	APPROVE	DENY	BY	REASON				
POLICE								
FIRE								
INSPECTION								
COMMUNITY DEVEL						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Date Issued:			License No:					