

# AMUSEMENT DEVICE SUPPLIER LICENSE APPLICATION CITY OF CUDAHY

License period \_\_\_\_\_ through June 30, \_\_\_\_\_

FEES: \$550.00 plus  
\$40.00 per machine

1. The named \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION hereby makes application for an Amusement Device Supplier License as checked above.

2. Name (individual/partners give full names; corporation, give registered name)

\_\_\_\_\_  
\_\_\_\_\_

An "Auxiliary Questionnaire" must be completed and attached to this application by each individual applicant, by each member of a partnership and by each officer and director of a corporation.

NAME	TITLE	% OF STOCK OWNED
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_____		
_____		
_____		
_____		
_____		

3. Mailing address \_\_\_\_\_

4. Business name \_\_\_\_\_

Business address \_\_\_\_\_

5. Corporate applicants only: Insert date \_\_\_\_\_ and State of Incorporation \_\_\_\_\_

Is applicant corporation a subsidiary of any other corporation?: \_\_\_\_\_

Does the corporation, or any officer, director or stockholder hold any interest in any other corp.? \_\_\_\_\_  
(Explain any yes answers to question No. 5 below)

\_\_\_\_\_  
\_\_\_\_\_

6. Attach a listing of machines to be placed in the City of Cudahy, including the following information: Business name and address where machines will be placed, the type of machine and the number of machines to be placed at each establishment.

Subscribed and Sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
President of Corp/Partner/Individual

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Secretary of Corp/Partner

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Additional partners, if any