



OFFICE USE ONLY	
DATE FILED:	_____
INITIALS:	_____
MUNI FINES DUE:	Yes No
PP TAX DUE:	Yes No
OCC. PERMIT:	Yes No
SELLER'S PERMIT:	Yes No

AMUSEMENT DEVICE

CLK103 (rev. 11/17)

CITY ORDINANCE 12.001

Fee: \$60.00/Device Expires: June 30, _____

"Amusement Device": **ANY** machine, game or similar device whether or not operated by coins, slugs, tokens, or similar items which permits a person or operator to use the device as a game or contest of skill or amusement, whether or not the device registers a score, which may cause a person or operator of the same to secure some amusement, enjoyment, or entertainment, and which is not a gambling machine as defined by Wis. Stats. 945.01 (3). The term shall include, but not be limited to because of enumeration, jukebox, electronic, video or mechanical game machines, pinball machines, shuffleboard, dart boards, and pool or billiards tables. (Chapter 12.001–City of Kenosha Code of General Ordinances)
 "Amusement Recreation Enterprise": **ANY** location where there are fifteen (15) or more amusement devices or five (5) or more pool tables is also subject to the licensing requirements of 12.01 of the Code of General Ordinances. **QUESTIONS WITH REGARD TO CHAPTER 12 SHOULD BE DIRECTED TO THE OFFICE OF THE CITY ATTORNEY.**

New Renewal Number of Amusement Devices: _____ Pool Tables: _____ Total: _____

Amended Current Device Total: _____ Add Devices: _____ Add Pool Tables: _____ Total: _____

NOTE: In the event that the licensee adds additional devices during the licensing period, it is the Licensee's responsibility to advise the Clerk of any increase in the number of devices and pay the appropriate fee prior to the installation of the additional device.

Licensee Name: _____ District #: _____
CORPORATION, PARTNERSHIP, OR INDIVIDUAL

Trade Name: _____ Trade Address: _____
STREET ZIP

Phone Number: _____ Email: _____
(Correspondence Will Be Via Email If Address Is Given)

Manager/Agent: _____ DOB: ____/____/____ Phone #: _____

Seller's Permit must be attached: **Attached**

If Individual, list:

a) Full Name: _____ DOB: ____/____/____

Address: _____ Phone: _____
STREET CITY STATE ZIP

If Partnership or Corporation, list for **ALL members/partners**:

a) Full Name: _____ DOB: ____/____/____

Address: _____ Phone: _____
STREET CITY STATE ZIP

b) Full Name: _____ DOB: ____/____/____

Address: _____ Phone: _____
STREET CITY STATE ZIP

PLEASE NOTE: If you need additional lines, you may attach a separate page to this application.

READ CAREFULLY BEFORE SIGNING: Under penalty provided for by law, the undersigned states that each of the above questions has been truthfully answered to the best of his/her/their knowledge. (Individual applicants and each member of a partnership must sign; designated corporate officers must sign.) The execution of this application authorizes all inspections authorized by 12.001 of the Code of General Ordinances and routine inspections during hours of operation, as required, to secure ordinance compliance.

 Individual/Partner/Member Signature Date

 Partner/Member Signature Date