



VILLAGE OF MOUNT PLEASANT Amusement Device License Application

1-Year License - Expires June 30th Each Year - License Fee is Non-Refundable unless Denied

Circle One: New | Renewal License Period: July 1, _____ to June 30, _____ Fee: \$40.00 per Device

CHAPTER 46, ARTICLE III - VILLAGE OF MOUNT PLEASANT CODE OF GENERAL ORDINANCES - "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. QUESTIONS WITH REGARD TO CHAPTER 46 SHOULD BE DIRECTED TO THE OFFICE OF THE VILLAGE CLERK

I/WE HEREBY APPLY FOR AN AMUSEMENT DEVICE LICENSE IN MOUNT PLEASANT FROM DATE HEREOF UNTIL THE EXPIRATION DATE OF JUNE 30TH OF EACH YEAR (UNLESS SOONER REVOKED) SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 46.73 OF THE MOUNT PLEASANT MUNICIPAL CODE, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING AMUSEMENT CENTERS.

BUSINESS INFORMATION:

Legal Name of Applicant/Owner: _____ Check if over the age of 18
Business Address _____ City _____ State _____ Zip _____
Phone Number _____ Email Address _____

PREMISES INFORMATION:

Trade Name of Business: _____
Premise Address _____ City _____ State _____ Zip _____
Business Phone _____ Business Email _____

Enter Number of Each Device	<input type="text"/>	Mechanical Devices	<input type="text"/>	Pool Tables	} <input type="text"/> Total Devices X \$40.00 <input type="text"/> Total Fees Owed
	<input type="text"/>	Dart Games	<input type="text"/>	Jukebox	
	<input type="text"/>	Video Games			
	<input type="text"/>	Other (specify) _____			

MANAGER/AGENT INFORMATION:

Full Legal Name (print) _____
Address: _____ City: _____ State: _____ ZIP: _____
Phone Number: _____ Email Address: _____

Certification: I hereby certify that the information on this application is complete, accurate, true and agree to comply with all state and local laws, ordinances and regulations.

Signature of Applicant: _____ Date: ____/____/____

Applicant Name (print) _____

Signature of Partner (if applies): _____ Date: ____/____/____

Applicant Partner (print) _____

FOR OFFICE USE ONLY

Return Completed Form & Payment to:
Mount Pleasant Village Clerk
8811 Campus Drive
Mount Pleasant, WI 53406

Questions:
Village Hall Main Line: 262-664-7800 Option 3
Email: clerk@mtpleasantwi.gov

Village Board Recommends:

Approve: _____ Deny: _____

License Number _____

Date: ____/____/____

Date Received Stamp