

CITY OF SUPERIOR
Amusement Device Operator's License Application

Application Fee: \$10/device

Corp Name _____

Trade Name _____

Physical Address _____

City/State/ZIP _____

Agent/Contact Name _____

Mailing Address _____

Email Address _____ Phone number _____

TOTAL NUMBER OF AMUSEMENT DEVICES INSTALLED/OPERATED: _____

LIST OWNER(S) OF MACHINES - If you install machines from more than one owner, list each owner and the number of devices each provides to your establishment:

- DEVICE OWNER _____ Number of Devices _____
Email Address _____ Phone number _____
- DEVICE OWNER _____ Number of Devices _____
Email Address _____ Phone number _____
- DEVICE OWNER _____ Number of Devices _____
Email Address _____ Phone number _____

Signature _____

Printed Name _____

FOR OFFICE USE ONLY			
Annual License Period: July 1, 20__ - June 30, 20__	Receipt No. _____	Total Paid _____	
Fire Dept. Approval _____	Date _____		
License Number _____	Council Meeting Date _____	Date Issued _____	
Reference: City Code 18-26			

Remit to CITY CLERK'S OFFICE with application fee made payable to City Treasurer.
1316 N. 14th St. Room 200 • Superior, WI 54880 • (715) 395-7200