

**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			
<b>Annual License Period:</b> 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. 14<sup>th</sup> St. Room 200 • Superior, WI 54880 • (715) 395-7200