

CITY OF WAUSAU LICENSE APPLICATION- **Billiard Entertainment Facility**

Submit the completed application along with the license fee to the City Clerk at 407 Grant Street, Wausau, WI 54403

Date of Application: _____ Licensing Year: _____

Name of Business: _____ Ownership Type: _____

Business Address: _____ Business Phone: _____

Name of Business Owner or Agent: _____ Date of Birth: _____

Owner/Agent Home Address: _____ Home Telephone #: _____

Owner/Agent Drivers License #: _____ DL Issuing State: _____

Choose One:

1) Eighteen Years of age and older

2) Fifteen Years of age and older

3) All ages permitted

\$ 475.00

DEVICES (you may attach additional pages if needed)

Name of Distributor #1 providing tables/devises: _____	Total # of Devices from this distributor	_____
Distributor Address: _____	Phone #	_____
Name of Distributor #2 providing tables/devises: _____	Total # of Devices from this distributor	_____
Distributor Address: _____	Phone #	_____
Name of Distributor #3 providing tables/devises: _____	Total # of Devices from this distributor	_____
Distributor Address: _____	Phone #	_____

Total # of Tables and Amusement Devices at this Location: _____

Answer the Following Questions Completely		No	Yes
1.	Have you read and complied with the conditions detailed in WMC Chapter 5.26 with reference to Entertainment Facilities?		
2.	Have you selected a permitted age group for your facility and read the related closing hour requirements for the licensed age group selected WMC 5.26.080(b) ?		
3.	Are you aware you must ensure the compliance of your premise, patrons, customers, employees, agents and staff with the provisions of all applicable state, federal, and municipal laws?		
4.	Are you aware that the licensee or a licensed facility operator must be present on the licensed premise at all times the facility is open to the public?		

I hereby certify the foregoing answers are true and correct. I agree, in consideration of the grant of this license, to comply with the laws of the State of Wisconsin, the Municipal Code and the rules and regulations of the various regulatory agencies and commissions the City of Wausau pertaining to the supervision of activities permitted under the license for which this application is made. I understand this license may be revoked by the issuing authority according to the law. Section 111.321, 111.322, 111.325 & 111.335, Wisconsin Statutes, limits the information a licensing agency may ask regarding the arrest and conviction record of an applicant. If you have been arrested and the charges are still pending and this license requires you to qualify for a fidelity bond, or if the pending charges substantially relate to the activity for which you seek the license, you must provide such arrest information on this application. If you have been convicted of a felony, misdemeanor or other offense which substantially relates to the circumstances of the licensed activity or if you must qualify for and post bond, you shall enter such information on this application. Take notice, the state law provides the City may suspend or revoke a license issued upon his application if the applicant fails to provide this information. If you have doubts as to what you must enter see your own lawyer, or the Wisconsin Department of Industry, Labor and Human Relations. City employees shall not advise you on this matter.

Enter applicable arrest and conviction information here: _____

(Applicant Signature) Subscribed and sworn to me this _____ day of _____ 20_____.

BY (Print Name) : _____
(Signature of Clerk or Notary Public)

TITLE: _____ My Commission (is Permanent) or Expires: _____

Send application and appropriate fee to the City Clerk at 407 Grant Street, Wausau WI 54403