

# Amusement Devices License Application



Village of Union Grove · 925 15<sup>th</sup> Ave. Union Grove, WI 53182 · Phone: (262) 878-1818  
· E-mail: skohlhagen@vi.uniongrove.wi.gov · Website: www.uniongrovewi.gov

Pursuant to Sec. 10-61 of the Union Grove Municipal Code, a license is required for coin operated amusement devices, Sec. 10-131 pool or billiard hall, and Sec. 10-191 bowling alleys in the village. To apply for an Amusement Device License, submit this application with the license fee and any necessary attachments listed below. Application materials are accepted by mail, in the Municipal Center drop-box or in-person at the Municipal Center during normal business hours (Monday-Friday, 8 a.m. to 4:30 p.m.). Contact the Village Offices for questions at (262) 878-1818.

## License Category:

\_\_\_\_\_ Mechanical Amusements - \$100.00 each = \$ \_\_\_\_\_

*\*\* Including, but not limited to electronic or mechanical game machines, pinball machines, bowling machines, dart board*

\_\_\_\_\_ Non-Mechanical Amusements @ \$35.00 each = \$ \_\_\_\_\_

\_\_\_\_\_ Bowling Lanes @ \$25.00 each = \$ \_\_\_\_\_

\_\_\_\_\_ Pool Tables @ \$50.00 each = \$ \_\_\_\_\_

\_\_\_\_\_ Juke Box @ \$50.00 each = \$ \_\_\_\_\_

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

## Section A. Applicant Information PRINT CLEARLY:

1. Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Business Name (If Applicable): \_\_\_\_\_

3. Full Address: \_\_\_\_\_

4. Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Section B. Device Information:

1. Location of devices to be licensed: \_\_\_\_\_

2. Description of devices to be licensed: \_\_\_\_\_

## Section C. Agreement and Signature

*By signing this document, I affirm that all that I have read, understand, and agree to follow all conditions of Section 10, Article II, III, IV, of the Union Grove Municipal Code as it relates to Dance Hall regulations upon issuance of said Dance Hall license by the Village of Union Grove. I have received a copy of Section 10, Article II, III, IV.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## This Section for Office Use Only:

Date Filed: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Received by: \_\_\_\_\_

Approval Date: \_\_\_\_\_ License Issue Date: \_\_\_\_\_ License #: \_\_\_\_\_