

Fee: \$100

(Office use) License #: \_\_\_\_\_



**City of New Berlin**  
 Clerk's Office/Community Relations Dept.  
 3805 South Casper Drive  
 New Berlin, WI 53151-0921  
 262-786-8610

**CITY OF NEW BERLIN  
 AMUSEMENT VENDOR LICENSE APPLICATION**

1. First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Middle initial: \_\_\_\_\_
2. Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_
3. Business name: \_\_\_\_\_
4. Business address: \_\_\_\_\_
5. Name of owner of machines and their location (use a separate sheet of paper, if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Number of machines located in New Berlin: \_\_\_\_\_
7. If a corporation, give full name and address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*To the Common Council of the City of New Berlin, Wisconsin:*

I/We hereby apply for a License for coin-operated machine(s) at the premises described above, in the City of New Berlin, from **JULY 1, 20\_\_** to **JUNE 30, 20\_\_** (unless sooner revoked), and hereby agree to comply with all laws, resolutions, ordinances and regulations affecting the operation and distribution of such machines if a license be granted me.

I acknowledge receipt of the New Berlin Municipal Code Section 152-20 relating to Amusement devices; coin machines and amusement distributors/vendors and agree to comply with all of the provisions set forth in this section.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Office use only.**  
 Date Application Received \_\_\_\_\_

Action Taken:  Approved  Denied

Details: \_\_\_\_\_

\_\_\_\_\_