

Fee: \$1000.00 application  
 \$30.00 for each viewing booth, room, or cubicle **in excess of 20**  
 \$15 Record Check per person

## Application for Adult-Oriented Establishment – City of Racine, WI

Name of Business: \_\_\_\_\_

FEIN Number: \_\_\_\_\_

Wisconsin Seller Permit Number: \_\_\_\_\_

The undersigned hereby applies for a license to conduct an adult-oriented establishment in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22, Sections 66 – 87 of the Municipal Code of the City of Racine.

Name of individual, partnership, or corporation:

\_\_\_\_\_

Corporate applicants only: Insert state \_\_\_\_\_ and date of incorporation \_\_\_\_\_ .

Name, address, and date of birth of the applicant. (If a partnership, list the partners. If a corporation, list the principal officers, registered agent, and directors).

Person's Name	Address & Home Phone Number	Date of Birth

Written proof that the applicant (partners, officers, directors, and/or registered agent) is at least 18 years of age, is attached in the form of \_\_\_\_\_ .

Business name, address, and phone number:

\_\_\_\_\_

Number of viewing booths, rooms, or cubicles: \_\_\_\_\_

Signature(s) of individual, partners, and registered agent:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_