

Fees: 25.00 Each Alley
\$50.00 Late Fee
15.00 Record Check per person

Expires December 31, _____

Application for Bowling Alley License – City of Racine, Wisconsin

FEIN#: _____

Wisconsin Seller Permit #: _____

NAME OF PERSON IN CHARGE: _____

TRADE NAME: _____ PHONE: _____

ADDRESS OF BUSINESS: _____

NUMBER OF ALLEY(S): _____

Pursuant to Article VII of the Municipal Code of the City of Racine, said license to expire on December 31, 20__.

In making this application, I/we hereby agree that the license, if granted, will not be transferred by me or any other person or persons.

I certify that I am a resident of the State of Wisconsin continuously since _____, and of the City of Racine continuously since _____.

INDIVIDUAL OR PARTNERSHIP:

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

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

Title	Name	Address	Date of Birth
President			
Vice-President			
Secretary			
Treasurer			

Business Owner / Ownership Entity: _____

Website: _____

Business Email Address: _____

Regular Operating Days / Hours: _____

Agent Name: _____

Agent Home Address: _____

Agent Emergency Contact Number: _____

Agent Email Address: _____

Signature of Applicant or Agent