



AMUSEMENT MACHINE PERMIT APPLICATION

Code Section 6.13.010

January 1st through December 31st

Fee: \$25.00 (*License fee is Non-Refundable*)

Please Print Clearly

Full Name of Business: _____

Name of Business if DBA: _____

Name of Agent: _____ Phone No: _____

Agent/Contact Email: _____

Address of Business: _____ Business Phone No.: _____

Do you own your machines? _____ If not, name of Owner of Machines _____

Names and Number of machines on premises

How long have you been a resident or business owner of this Municipality immediately preceding the filing of this application? _____

Do you have a Police Record? _____ If so, please write out the facts on the back side of this application.

AUTHORIZED AGENT SIGNATURE

*Applicant may mail or drop off the application and fee to the Ripon City Hall, 100 Jackson St., Ripon, WI 54971.
Questions may be emailed to the City Clerk at nmiller@cityofripon.com or call 920-748-4915.*

Date received and filed with Municipal Clerk:	Cash, Check or Credit Card (Circle One)	Receipt Number:
Permit Number:	Date Permit Issued:	Initial of Clerk/Deputy Clerk: