

CITY OF WAUSAU LICENSE APPLICATION - Entertainment Operator

407 GRANT STREET, WAUSAU WI 54403, PH # (715) 261-6620

Date of Application: _____	Licensing Year: _____
Name of Individual: _____	Date of Birth: _____
Address: _____	Phone Number: _____
Name of Business Working At: _____	
Address: _____	Telephone #: _____
Operator's Drivers License #: _____	DL Issuing State: _____

Answer the Following Questions Completely	No / NA	Yes	Date Rec'd
1. Have you read and complied with the conditions detailed in WMC Chapter 5.26 with reference to Entertainment Facilities and Operators?			
2. Do you owe the City any outstanding fines, forfeitures or invoices?			

Annual Operator License Fee

\$ 45.00

I hereby certify the foregoing answers are true and correct. I agree, in consideration of the granting of this license, to comply with the laws of the State of Wisconsin, the Municipal Code and the rules and regulations of the various regulatory agencies and commissions the City of Wausau pertaining to the supervision of activities permitted under the license for which this application is made. I understand this license may be revoked by the issuing authority according to the law. Section 111.321, 111.322, 111.325 & 111.335, Wisconsin Statutes, limits the information a licensing agency may ask regarding the arrest and conviction record of an applicant. If you have been arrested and the charges are still pending and this license requires you to qualify for a fidelity bond, or if the pending charges substantially relate to the activity for which you seek the license, you must provide such arrest information on this application. **If you have been convicted of a felony, misdemeanor or other offense which substantially relates to the circumstances of the licensed activity or if you must qualify for and post bond, you shall enter such information on this application. Take notice, the state law provides the City may suspend or revoke a license issued upon his application if the applicant fails to provide this information.** If you have doubts as to what you must enter see your own lawyer, or the Wisconsin Department of Industry, Labor and Human Relations. City employees shall not advise you on this matter.

Enter applicable arrest and conviction information here: _____

(Applicant Signature)

Subscribed and sworn to me this _____ day of _____ 20____.

BY (Print Name) : _____

(Signature of Clerk or Notary Public)

TITLE: _____

My Commission (is Permanent) or Expires: _____

Submit the completed application along with the non-refundable license fee to the City Clerk at 407 Grant Street, Wausau, WI 54403