

City of Hudson
505 Third Street
Hudson, WI 54016



FEE IS NON-REFUNDABLE

Date Received ____/____/____

Amusement Device Owner (\$25.00) Receipt # _____

Application For Amusement Device Owner's License

SECTION 1 – APPLICANT INFORMATION

Applicant Name (Last, First, MI)		Maiden:	
Street Address:			
City:	State:	Zip:	
Driver's License Number: (Attach a copy)		State License Issued In:	
Date of Birth:	Email:	Home Phone Number:	Cell Phone Number:
Name of Business:		Address:	
City:	State:	Zip:	Phone Number:
WI Sellers Permit#: (Attach a copy)		I am a US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 2 – CONVICTION RECORD

Have you EVER been convicted of a felony, misdemeanor, or ordinance violations of any Federal Law, any Wisconsin law or any laws of any other states or of any municipality? (e.g. speeding, OWI, sale of alcohol products) Yes No If Yes; when, where and what type of violation? (Please be specific)

SECTION 4 – OATH

St. Croix County, State of Wisconsin

_____, being first duly sworn on oath, says that he/she is the person who made and signed the foregoing application for an Operator's License; that all the statements made by applicant are true.

Applicant Signature: _____ Date: _____

Subscribed and sworn to before me on this _____ of _____, 20_____

Notary Signature: _____ Date Expires: _____

FOR OFFICE USE ONLY

Amusement Device Owner License Fee Collected: (\$25.00) <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:
Date of Background Check: ____/____/____	Approved by Clerk: <input type="checkbox"/> Yes <input type="checkbox"/> No	Clerk Signature:
Council Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Issued: ____/____/____	License Number:
Fees Paid: AR <input type="checkbox"/> Court <input type="checkbox"/> Parking <input type="checkbox"/> Utility <input type="checkbox"/> Taxes <input type="checkbox"/>		