

City of Hudson
 505 Third Street
 Hudson, WI 54016



FEE IS NON-REFUNDABLE

Date Received ____/____/____

Receipt # _____

Amusement Device Owner (\$10.00/Machine)

Amusement Device Registration Form

SECTION 1 – DEVICE INFORMATION

Name of Device		Location		Name of Device		Location	
1.				16.			
2.				17.			
3.				18.			
4.				19.			
5.				20.			
6.				21.			
7.				22.			
8.				23.			
9.				24.			
10.				25.			
11.				26.			
12.				27.			
13.				28.			
14.				29.			
15.				30.			

SECTION 2 – CERTIFICATION

I certify that I have applied for an Amusement Device Owner’s License. I declare that I am of good moral character and citizen of the United States.

Signature:

Date:

FOR OFFICE USE ONLY

Amusement Device Owner License Fee Collected: (\$10.00/machine)

Yes

No

Date:

Total Paid:

WI Sellers Permit # Received:

Yes

No