

## City of La Crosse, Wisconsin

## APPLICATION FOR DANCE HALL LICENSE

BUSINESS INFORMATION				
Legal/Real Name:				
Address of Above: Street	City	S	State Zip Code	
PREMISES INFORMATION				
Trade Name of Business:				
Address of premises to be Licensed:				
MANAGER INFORMATION				
Agent Name: First Middle Last				
Agent Home Address: Street	City	State	Zip Code	
Agon Home Address Shoot	Oily .	Otato	2.p 0000	
Home Phone Number:	Daytime Phone	Number		
nome Fnone Number.	Daytille Filone	Number.		
D. (D.)				
Date of Birth: (mm/dd/yyyy)		Was the above person listed as agent on last year's application?  ☐ Yes ☐ No		
	□ 162	Lifes Lino		
The above hereby makes application for a license to open	rate a Dance Hall at th	ne above address within	the City of La Crosse	
oursuant to provisions of Chapter 10, Article VI of the C				
the State of Wisconsin. Failure upon the part of this applicant to comply with such laws or ordinances shall be justification for				
the revocation of any license that may be issued pursuant hereto.				
Signature of A	Signature of Applicant		Date	
orginature of 11	2-0		Date	
OFFICE USE ONLY				
Signature:	Date:	Granted:	License #:	