

City of La Crosse, Wisconsin APPLICATION FOR ROLLER RINK LICENSE

Check One: I New I Renewal For the licens	se penou _	ια	J	_ ree: p	·
BUSINESS INFORMATION					
Legal/Real Name:					
Address of Above: Street		City		State	Zip Code
PREMISES INFORMATION					
Trade Name of Business:					
Address of premises to be Licensed:					
MANAGER INFORMATION Cabaret Manager Name: First	Midd	lo.	Loot		
Caparet manager name: First	IVIIQO	ie	Last		
Cabaret Manager Home Address: Street		Cit	<u></u>	State	Zip Code
Cabaret Manager Home Address. Street		Cit	ıy	State	Zip Code
Home Phone Number of Cabaret Manager:		Daytimo Phono I	Number of Cabaret M	anagor:	
nome Frione Number of Cabaret Manager.		Daytime Filone i	Number of Caparet W	anayen.	
Date of Birth of Cabaret Manager: (mm/dd/yyyy)		Was the above n	person listed as mana	ager on last	t vear's application?
Date of Birth of Gabaret Manager. (Hill/Gadyyyy)				iger on last	year 3 application:
		11 D: 11	1 11 .	1: 1 6	Y. CI C
The above hereby makes application for a license to bursuant to provisions of Chapter 10, Article VII of					
of the State of Wisconsin.	the Code C	of Offiniances 10	if the City of La Ci	.088e and	subject to an laws
of the state of wisconsin.					
Signature	Signature of Applicant		Date		
OFFICE USE ONLY Signature:	Date:		Granted:	T r	License #:
orginature.	Date.		Granteu.		LICCHSC #.
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