



City of La Crosse, Wisconsin

APPLICATION FOR ROLLER RINK LICENSE

Check One: ☐ New ☐ Renewal For the license period _____ to _____ Fee: \$ _____

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		Middle	Last
Cabaret Manager Home Address: Street		City	State Zip Code
Home Phone Number of Cabaret Manager:		Daytime Phone Number of Cabaret Manager:	
Date of Birth of Cabaret Manager: (mm/dd/yyyy)		Was the above person listed as manager on last year's application? <input type="checkbox"/> Yes <input type="checkbox"/> No	

The above hereby makes application for a license to operate a Roller Rink at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article VII of the Code of Ordinances for the City of La Crosse and subject to all laws of the State of Wisconsin.

Signature of Applicant

Date

OFFICE USE ONLY			
Signature:	Date:	Granted:	License #: