

**VILLAGE OF BLOOMINGTON**  
**Amusement Device License Application**

1-Year License - Expires June 30th Each Year -**License Fee is Non-Refundable unless Denied**

Circle One: New | Renewal License Period: July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_ Fee: \$15.00 per Device

**CHAPTER 9, SECTION 9.04- VILLAGE OF BLOOMINGTON CODE OF GENERAL ORDINANCES - "AMUSEMENT DEVICE AND OPERATORS":**

INCLUDES ANY INSTRUMENT, BOARD, MACHINE, ARTICLE OR OTHER DEVICE USED AND OPERATED FOR THE PLAYING OF GAMES OF SKILL, MINIATURE GAMES OF HOCKEY, BOWLING, BASEBALL, BASKETBALL, AND SHUFFLEBOARD, OR SIMILAR GAMES IN WHICH THE ELEMENT OF CHANCE IS NOT INVOLVED AND FOR WHICH CONSIDERATION EITHER IN COIN OR OTHER THING OF VALUE IS REQUIRED FOR THE PLAYING THEREOF, WHETHER OR NOT A COIN SLOT IS AFFIXED TO THE DEVICE **BUT SHALL NOT BE DEEMED TO INCLUDE ANY GAMBLING DEVICE AS DEFINED BY WIS. STATS. 945.01 (3).**

QUESTIONS WITH REGARD TO CHAPTER 9 SHOULD BE DIRECTED TO THE OFFICE OF THE VILLAGE CLERK.

I/WE HEREBY APPLY FOR AN AMUSEMENT DEVICE LICENSE IN THE VILLAGE OF BLOOMINGTON FROM DATE HEREOF UNTIL THE EXPIRATION DATE OF JUNE 30TH OF EACH YEAR (UNLESS SOONER REVOKED) SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION 9.04 OF THE VILLAGE OF BLOOMINGTON MUNICIPAL CODE, AND HEREBY AGREE TO COMPLY WITH ALL LAWS, RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING AMUSEMENT CENTERS.

**BUSINESS INFORMATION:**

Legal Name of Applicant/Owner: \_\_\_\_\_ ☐ Check if over the age of 18  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**PREMISES INFORMATION:**

Trade Name of Business: \_\_\_\_\_  
Premise Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Business Phone \_\_\_\_\_ Business Email \_\_\_\_\_

Enter Number of Each Device		Mechanical Devices		Pool Tables	}		<b>Total Devices</b>
		Dart Games		Jukebox			<b>Total Fees Owed</b>
		Video Games					
		Other (specify) _____					
						<b>X \$15.00</b>	

**MANAGER/AGENT INFORMATION:**

Full Legal Name (print) \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Certification: I hereby certify that the information on this application is complete, accurate, true and agree to comply with all state and local laws, ordinances and regulations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Name (print) \_\_\_\_\_

Signature of Partner (if applies): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Partner (print) \_\_\_\_\_

**FOR OFFICE USE ONLY**

Return Completed Form & Payment to:  
Bloomington Village Clerk  
453 Canal Street  
Bloomington, WI 53804  
Questions:  
Village Hall : 608-994-3851  
Email: clerk@vilageofbloomington.com

Village Board Recommends:  
  
Approve: \_\_\_\_\_ Deny: \_\_\_\_\_  
  
License Number \_\_\_\_\_  
  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Received Stamp