



City of Menasha Coin-Operated Device License Application

OFFICE USE ONLY Date rec'd: _____ Amount Paid: _____
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Business Name: _____

Address: _____

Number of Coin-Operated Devices (\$10.00 per device): _____

The undersigned hereby makes application for a coin-operated device license for the machines for the period July 1, 2023 – June 30, 2024 (unless sooner revoked)

Please answer the following questions:

1. Do you own the machines? YES NO

2. Name and address of machine owner:

3. If a corporation or association, provide the full name, date and State of Incorporation:

Name of Applicant (Printed)

Signature of Applicant

Date