



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

City of Menasha Second Hand Store License Application

Trade Name: _____

Address: _____

Fee: \$200.00/annually (Cash or Check – Payable to the City of Menasha)

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 complete the following information:

1. Owner Name: _____
2. Store Address: _____
3. Phone: _____
4. Date of Birth: _____
5. Social Security Number: _____ - _____ - _____
6. Owner of premise (if different than owner name and address)

I agree to comply with the laws of the State of Wisconsin, the ordinances of the City of Menasha and all other rules and regulations the Common Council may lawfully require.

Applicant Name (printed)

Signature of Applicant

Date

Return to: City Clerk, 100 Main Street, Suite 200, Menasha, WI 54952