

New: _____

License Fee: _____

Renewal: _____

Invoice #: _____

APPLICATION FOR *DANCE HALL* LICENSE

To the Common Council of the City of La Crosse:

Legal/Real Name: _____

Address of above: _____

Trade name of business (*DBA*): _____

Address of premises to be licensed: _____

Name of manager (*FIRST, MIDDLE & LAST*): _____

Home address (*STREET ADDRESS, CITY, STATE & ZIP*): _____

Home phone number: _____

Daytime phone number: _____

Date of Birth: _____

License Period: _____

The above hereby makes application for a license to operate a Dance Hall at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article VI of the Code of Ordinances for the City of La Crosse and subject to all laws of the State of Wisconsin. Failure upon the part of this applicant to comply with such laws or ordinances shall be justification for the revocation of any license that may be issued pursuant hereto.

(Signature of Applicant)

(Date)

OFFICE USE ONLY:

Customer #: _____ Granted: _____ License #: _____

PERSONAL DATA SHEET
(PLEASE PRINT ALL INFORMATION)

Each Officer AND Manager/Person in Charge must complete all the information and must indicate if they have been convicted of any of the following within the last ten (10) years: a felony, a misdemeanor, a statutory violation punishable by forfeiture or a county or municipal ordinance violation. If none, write "none".

Name of Manager/Person in Charge: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____

Name of Officer: _____
(LAST, FIRST & FULL MIDDLE NAME)

Home Address: _____
(STREET ADDRESS, CITY, STATE & ZIP)

Date of Birth: _____ Home Phone: _____ Daytime Phone: _____

Violations: _____
