

New: \_\_\_\_\_

License Fee: \_\_\_\_\_

Renewal: \_\_\_\_\_

Invoice #: \_\_\_\_\_

## APPLICATION FOR *ROLLER RINK* LICENSE

To the Common Council of the City of La Crosse:

Legal/Real Name: \_\_\_\_\_

Address of above: \_\_\_\_\_

Trade name of business: \_\_\_\_\_

Address of premise 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 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:

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: \_\_\_\_\_  
\_\_\_\_\_