



TOWN OF RIB MOUNTAIN

Where Nature, Family & Sport Come Together

www.townofribmountain.org

227800 Snowbird Avenue
Wausau, Wisconsin 54401
(715) 842-0983
Fax(715) 848-0186

(Office use) License #: _____

**TOWN OF RIB MOUNTAIN
AMUSEMENT DEVICE LICENSE APPLICATION**

First Name: _____ Last Name: _____

Phone Number: _____ E-mail: _____

Home Address: _____

Business Name _____

Business Address _____

Location and description of premises where amusement devices, proposed to be licensed, if other than the address of business indicated above. If same address, indicate below:

Name and address of person, firm or corporation who owns the premises where the amusement devices, proposed to be licensed are to be located: _____

REQUESTED AMUSEMENT DEVICES TO BE LICENSED:

Arcade/Music Number _____ @ \$25 each = \$ _____

Casino-Like Number _____ @ \$150 each = \$ _____

Lotto-Like Number _____ @ \$200 each = \$ _____

TOTAL FEE \$ _____

I hereby certify the foregoing answers are true and correct. I agree, in consideration of the granting of this license, to comply with the laws of the State of Wisconsin, the Municipal Code and the rules and regulations of the various regulatory agencies and commissions of the Town of Rib Mountain pertaining to the supervision of activities permitted under the license for which this application is made. I understand this license may be revoked by the issuing authority according to law.

Applicants Signature: _____ Date: _____