STATE OF WISCONSIN

Waukesha County	}
	} ss.
Town of Brookfield	}

Permit Fee Paid \$	Receipt #
Date Issued	Permit #

APPLICATION FOR COIN MACHINE PERMIT For the period beginning and ending June 30,						
Name of Applicant (Machine Owner):			Telephone Number:			
Trade Name (If different from above):		E-Ma	E-Mail Address:			
Mailing Address:						
City:		State:		Zip Code:		
Applicant is (check one)	:		on L.L.C.)	
Name of Licensed Premises	Address of Licensed Premises	Phone # of Licensed Premises	Type of Business	Number of Machines @ \$40.00	Description of machine, name of manufacturer & serial number	
Signature of Applicar	nt:		Da	te:		