



Adult Entertainment Establishment License

(renewal 06/30)

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703

licensing@cityofmadison.com
608-266-4601

(Number)

(scanned)

(Leg file number)

(Processing step)

(initials)

Name of Applicant(s)

(Individual/Partners give last name, first, middle)

(Corporations/LLCs give registered name)

The named: Individual Corporation Partnership LLC

hereby makes application for an Adult Entertainment Establishment License pursuant to sec. 9.05, MGO.

dba Name: _____

Business Phone: _____

Business Address: _____

City & Zip Code: _____

State Seller's Permit Number: _____ (required)

Individual/Partnership Only

Name of Applicant(s): _____

Address of Applicant(s): _____

Date(s) of Birth: _____

Corporation/LLC Only

Name of Corporation: _____

Address of Corporation: _____

Date and State of Incorporation: _____

Name and Address of Registered Agent: _____

(City, State)

Officers/Directors:

Name	City & State	DOB

Stockholders:

Name	City & State	Extent of Ownership	DOB

All must complete:

Read carefully before signing:

Failure or refusal to cooperate with any investigation required for this application shall constitute an admission by the applicant that s/he is ineligible for such license and shall be grounds for denial thereof by the City Clerk. (Pursuant to Section 9.05, Madison General Ordinances.)

Subscribed and Sworn to before me

this _____ day of _____

_____ *(Officer of Corporation/Partner/Individual)*

(Clerk/Notary Public)

_____ *(Officer of Corporation/Partner)*

My commission expires: _____

_____ *(Additional Partner(s) if Any)*