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11333 N. Cedarburg Rd
Mequon, WI 53092
Phone: 262/236-2914
Fax: 262/242-9655

Office of the City Clerk

Tavern Amusement License Application 2023-2024

FEE: \$250
Cash or check

Please print clearly

Legal Name (individual/partners: last, first, middle; corps/limited liability companies: registered name)	
Trade Name:	
Address of Premises:	
Business Phone:	
	Name
Owner or Agent: (please circle one)	
	Home Address
Driver's License No: *attach copy	

Have you ever been convicted of violating any licensing provisions of any city or state?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you answered YES to the above question, give dates of violations, place of violations, specify charges, disposition and date of disposition.	

Specify services and activities proposed within the limits of the City of Mequon:

456-	-
Applicant's Wisconsin Seller's Permit Number (15 digits)	Federal Employer ID Number (FEIN) (9 digits)

ATTACH A COPY OF THE WISCONSIN SELLER'S PERMIT

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant Signature: _____ Date: _____

Printed Name: _____

Statement of Chief of Police:

I have caused the applicant and the facts stated in this application to be investigated and I **APPROVE** the granting of the license.

I have caused the applicant and the facts stated in this application to be investigated and I **DISAPPROVE** the granting of the license for the following reason(s). Attach additional sheet if needed.

 Signature of Chief of Police

 Date

TO BE COMPLETED BY CLERK:

Date filed with Clerk:	F & P meeting date:	Common Council meeting date:
Initials of Clerk:	Date license issued:	License # issued: TA-
Receipt No.:	Appeal date:	Fee \$