

Office Use Only

Date: _____

Amount: _____

Receipt: _____

**MISCELLANEOUS LICENSE APPLICATION
CITY OF STEVENS POINT**

APPLICANT

Name of Owner, Manager or Agent

Phone Number

Business Name

E-mail address

Business Location (& mailing address, if different)

Sellers Permit Number

CHECK LICENSES BELOW WHICH APPLY TO YOUR BUSINESS. PAYMENT IS DUE BY JUNE 15TH

Amusement Device: (per machine) \$10.00 _____

Class "C" Beverage (Soda water) \$ 5.00 _____

Cigarette: Vending Machine Over the counter \$50.00 _____

Garbage Collector – **CERTIFICATE OF LIABILITY INSURANCE REQUIRED** \$25.00 _____

Mobile Home Court License – **The greater of \$25.00 or \$2.00 per space**
Present number of approved spaces: _____

N. A. Beer (less than 1/2 of 1% of alcohol by volume)
Specify premises where sold _____ \$ 5.00 _____

Sidewalk/Cement Contractor License -
CERTIFICATE OF LIABILITY INSURANCE REQUIRED \$ 5.00 _____

Theater License - \$100 per screen, minimum of \$200. Number of screens _____ = _____

**RETURN THIS APPLICATION WITH YOUR PAYMENT TO THE CITY CLERK'S OFFICE, 1515 STRONGS AVENUE,
STEVENS POINT, WI 54481**

MAKE CHECK PAYABLE TO: CITY OF STEVENS POINT