



Adult Entertainment License

(renewal 06/30)

City of Madison Clerk
210 MLK Jr Blvd, Room 105
Madison, WI 53703

licensing@cityofmadison.com
608-266-4601

(Agenda Item Number)

(Legistar file number)

LICAEN-
(License number)

(Alder District #) (Police Sector)
Office Use Only

Type of license: ☐ Adult Entertainment Establishment ☐ Adult Entertainment Tavern

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/Managers:

Name	City & State	Date of Birth

Stockholders:

Name	City & State	Extent of Ownership	Date of Birth

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)