

CITY OF WAHPETON



1900 4th Street North · PO Box 490 · Wahpeton, ND 58074 · Phone 701-642-8448 · Fax 701-642-1428

AMUSEMENT DEVICES LICENSE APPLICATION

\$15.00 per device license fees effective January 1 through December 31

Application Type: New Renewal

1. The building, including street address, for which the license is sought:	
Name of Building	Street Address
City, State, Zip	Phone Number
2. Business Name of the Person or Organization to hold the license:	
Contact Person _____	
Address _____	
City _____	State _____ Zip Code _____
Telephone Number _____	E-Mail Address _____
3. The number and type of devices to be licensed for the calendar year*:	
*Include number and type of devices for special or one-time events.	
4. The name, address and telephone number of the person responsible for the premise for which the license is issued: (If same as #2 check here _____)	
Name of Person	Street Address
City, State, Zip	Phone Number
I do hereby make application to license _____ amusement devices at the location described above and agree to abide by all provisions set forth in Ordinance Section 22-132 to 22-135 of the City of Wahpeton, North Dakota.	
Include License Fee... _____ (Number of devices) x \$15.00 = \$ _____	

License may not be sold, transferred or assigned except by the City Council.

I certify that: the information in this application is true, correct, and complete to the best of my knowledge; a disclosure statement is not required; and, that if this permit is approved, I will comply with the City of Wahpeton ordinances, laws and rules, the conditions noted above, and that I will submit the required \$15.00 per device annual permit fees by December 1 st of each year along with a copy of State of North Dakota Sales Tax Use Permit.	
Print Name _____	Date _____
Signature _____	

(For City Use Only)	
Date Application Received _____	Date License Granted _____
Fee Received \$ _____	Date Application Denied _____
Reason for Denial _____	