



# Village of Twin Lakes

## Annual License Application

This completed form, required attachments, and fees shall be submitted at the time of application to:

**Village of Twin Lakes Clerk's Office**

**105 E Main St**

**Twin Lakes, Wisconsin 53181**

Please make checks payable to: **Village of Twin Lakes**

**Inquiries** Phone: 262-877-2858 Fax: 262-333-3286 Email: [clerk@twinlakeswi.gov](mailto:clerk@twinlakeswi.gov)

**Note:** The Village of Twin Lakes has alcohol, operator (bartender), peddler/solicitor, and other specialty license and/or permit applications not included with this form. Contact the Clerk's office for more information.

**Indemnification:** By signing this application, the applicant hereby indemnifies, defends, and holds the Village of Twin Lakes and its employees and agents harmless against all claims, liability loss, damage or expense incurred by the Village on account of any injury to or death of any person or any damage to property caused by or resulting from the activities for which the permit is granted.

To the best of the applicant's knowledge and belief, the information on this application is true, correct and complete. The applicant agrees to comply with all appropriate Wisconsin State Statutes and Village of Twin Lakes Ordinances relating to the license/permit. (The Village of Twin Lakes Code of Ordinances is available for review at the Village Hall, or on the Village's website [www.villageoftwinlakes.net](http://www.villageoftwinlakes.net)).

### PART A - REQUIRED APPLICANT INFORMATION

### PART B - ANNUAL LICENSES AND PERMITS

Applicant Name (last, first, MI)	Social Security No. (required only for individual/sole proprietorship)
Title (Owner, agent AP, etc)	Federal Employer Identification # (FEIN)
Applicant Address	Wisconsin Seller's Permit #
City/State/Zip	Applicant Phone
Business Name and Type of Entity: Individual, Corp, LLC Etc	Fax
Address of Establishment	Email
Business Mailing Address (if different than license address)	Business Phone
City/State/Zip	Type of Business
Applicant's Signature ▶	Date

**(Check all that apply)** **(Check New/Renewal)** **Annual fee to be paid with invoice**

☐ **Amusement Device\*** ☐ New ☐ Renewal \$100.00 for first 3 machines  
\$ 25.00 for each additional  
\_\_\_\_\_ # of machines (total)

"Amusement Device" means pool tables of all types, pinball machines, dart boards, and related machines or equipment designed to provide amusement or entertainment and does not afford the player an opportunity to obtain something of value. No gambling shall be permitted on the premises per Village Ordinance 5.42.070(c).

Required: If devices within this license are not owned by applicant. Supervisor on Premise:  
Owner's Name \_\_\_\_\_ Name: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Age: \_\_\_\_\_

**\*Attach a list of machines including a sketch showing the placement of devices in the establishment.**

☐ **Cabaret\*** ☐ New ☐ Renewal \$100.00

The primary purpose of the Cabaret License is for the music of one or more musicians and dancing privileges, specifically feature or advertise dancing in this premise using a mechanical device to produce music, furnish entertainment by, or performance of, any act, stunt, or dance by performers under his auspices, whether such performers or dances are paid or not.

**\*Attach a sketch of the location of the dance floor in relationship to remainder of building.**

☐ **Cigarette/Tobacco Seller** ☐ New ☐ Renewal \$100.00  
☐ OVER THE COUNTER ☐ VENDING ☐ BOTH

Applicant must also submit the Cigarette, Tobacco, and Electronic Vaping Device Retail License Application (CTV-100), Appointment of Agent (CTV-102), and Individual Questionnaire (CTV-101).

☐ **Weights/Measures** ☐ New ☐ Renewal \$ 8.35 per device *(Subject to Change)*

Devices used or employed in establishing the size, quantity, extent, area or measurement of quantities, things, produce or articles for sale, hire, awarded, or in computing any basic charge or payment for services rendered on the basis of weight or measure.

Required:

# \_\_\_\_\_ Point of Sale Systems (Scale, Register, Scanner Combo) Location \_\_\_\_\_  
# \_\_\_\_\_ Liquid Measuring Devices Location \_\_\_\_\_  
# \_\_\_\_\_ Scales Location \_\_\_\_\_  
# \_\_\_\_\_ Other – Please Designate \_\_\_\_\_ Location \_\_\_\_\_

***Additional fee may be applied if number of devices differs from audit received from the State of Wisconsin.***

### **PART C – VILLAGE REVIEW OF APPLICATION - (To be completed by Village)**

Application review by: \_\_\_\_\_ Date: \_\_\_\_\_ The following applications are: "C" Complete or  
"I" Incomplete at the time of receipt (☐ all that apply):  
C I Reason if Incomplete


Describe each license **incomplete** issue(s) \_\_\_\_\_