



LICENSE APPLICATION

ADULT-ORIENTED ESTABLISHMENT OPERATOR LICENSE

FORM AOP-APP

7/21

Information and Instructions

LICENSE #

- Applications received after July 1, 2021 will expire on June 30, 2022.
- Submit your non-refundable \$76 license fee with your completed application.
- Incomplete applications, or applications filed without the proper fee will be returned.
- Your name must appear exactly as it does on your driver's license or state id.

- NEW RENEWAL

RECEIPT CODES

- Fee: \$76
- **TOTAL DUE: \$_____ (CASH OR CHECK ONLY)**

CU: \$76

Fee includes background check & Provisional License

1. Applicant Information

Last Name: (include suffix Sr, Jr, etc.) First Name: Middle Initial: Date of Birth:

List any other names by which you have been known on official records:

Home Street Address: City, State, Zip Code:

Email Address: Phone:

Driver's License/State ID#: State Issued: Place of Employment:

Previous employment at an Adult Oriented Establishment? YES NO

If yes, where and when:

If yes, was previous employment ever terminated? YES NO

If yes, why:

Any other similar license/permit held ever suspended or revoked? YES NO

If yes, why:

2. Signature

By signature below, the undersigned understands and agrees to the following:

I DO HEREBY make application for an Adult-Oriented Establishment Operator's license, to subject to provisions of and limitations imposed by the Revised Municipal Code of the City of West Allis, Section 9.28.

I DECLARE UNDER PENALTY OF LAW that all of the above information is true and correct to the best of my knowledge and belief. Incomplete, incorrect, or false information may lead to denial or revocation of this license. Any person who knowingly provides materially false information on an application may be required to forfeit up to \$1,000.

Signature: Date:

- Access
- Excel
- Council
- Provisional
- Card
- Email