

New: _____

License Fee: \$ 110.00

Renewal: XXX

Invoice #: _____

APPLICATION FOR ROLLER RINK LICENSE

To the Common Council of the City of La Crosse:



Legal/Real Name: MC CHRISTIANSON CORP.

Address of above: 3624 EAST AVE S

Trade name of business: HIGH ROLLER SKATING CENTER

Address of premise to be licensed: 3624 EAST AVE S

Name of manager (FIRST, MIDDLE & LAST): MARK CHRISTIANSON

Home address (STREET ADDRESS, CITY, STATE & ZIP): 2926 BIRCH ST, LA CROSSE, WI 54601

Home phone number: MARK CELL - 608-386-2157

Daytime phone number: AMANDA CELL - 608-386-4366

Date of Birth: [REDACTED]

License Period: 2021

The above hereby makes application for a license to operate a Roller Rink at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article VII of the Code of Ordinances for the City of La Crosse and subject to all laws of the State of Wisconsin.

[Handwritten Signature]
(Signature of Applicant)

06/29/2021
(Date)

OFFICE USE ONLY:

Customer # _____

Granted: _____

License #: _____