

New: \_\_\_\_\_

License Fee: \$110.00

Renewal: X

Invoice #: \_\_\_\_\_

### APPLICATION FOR ROLLER RINK LICENSE

To the Common Council of the City of La Crosse:

Legal/Real Name: MC CHRISTANSON CORP

Address of above: \_\_\_\_\_

Trade name of business: HIGH ROLLER SKATING CENTER

Address of premise to be licensed: 3624 E AVES

Name of manager (FIRST, MIDDLE & LAST): MARIL JON CHRISTANSON

Home address (STREET ADDRESS, CITY, STATE & ZIP): 2926 BIRCH ST

Home phone number: \_\_\_\_\_

Daytime phone number: 608-381-2157

Date of Birth: [REDACTED]

License Period: 2020 / 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.*

[Signature]  
(Signature of Applicant)

9/21/20  
(Date)

**OFFICE USE ONLY:**

Customer # \_\_\_\_\_ Granted: \_\_\_\_\_ License #: \_\_\_\_\_