



State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services

FILING FEE:
\$2,000.00 or \$5,000.00
(see Item 2 below)

**State-Issued Certificate of Franchise Authority
FRANCHISE FEE**

Video Franchise

VIDEO FRANCHISE NAME:

REGULATORY CONTACT:

NAME:

ADDRESS:

CITY ST ZIP

AUTHORIZED COMPANY REP:

NAME:

ADDRESS:

CITY ST ZIP

1. Principal office address:

Make check payable to :
Department of Financial Institutions
Mail to: P O Box 7846
Madison WI 53703

2. Number of Subscribers:

This entity has fewer than 10,000 subscribers (Fee is \$2,000.00)

This Entity has 10,000 or more subscribers (Fee is \$5,000.00)

For the Video Franchise: _____
(Name of Video Franchise)

Signature title: _____

Signature: _____