



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 53707

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: \_\_\_\_\_

This Report (Form 3000A) is a required form under s. 66.0420, Wis. Stats. Upon filing, the data in the form shall become public record and may be used for purposes other than that for which it was originally collected.