AMUSEMENT LICENSE APPLICATION

Name of Applicant_____ Date of Birth_____

Has the applicant or its principle owners or officers been convicted of a felony or gambling offense? _____ Yes _____ No

Principle place of business and addresses of all offices of the applicant:

_____

_____

Place where machine or device is to be displayed or operated:

_____

_____

_____

Description of Machine_____

_____

Mechanical Features_____

Name of Manufacturer_____

Serial Number(s)_____

_____

Type of business at place of machine_____

Applicant's Signature_____ Date_____

Approved_____ Date_____
Chief of Police

_____
City Recorder or Finance Director