



GAME ARCADE LICENSE APPLICATION

Applicant _____

Print Name or Trade Name _____

Business Address _____

Business Phone _____ **Home Phone** _____

Cell Phone _____ **E-mail address** _____

Indicate whether owned by a Corporation (), Partnership (), Individual (). If owned by a corporation, all officers' name, address, and social security numbers are to be listed. If a partnership, give name, address, social security number and date of birth of each partner.

Name _____	Address _____
S.S. # _____	D.O.B. _____ Title _____
Name _____	Address _____
S.S. # _____	D.O.B. _____ Title _____

Neither the undersigned nor any other person listed above has been arrested for/or convicted of any felony or misdemeanor except as follows. List all arrests or convictions, except for traffic violations. Use reverse side if necessary.

Date _____	Charge _____	Location (City & State) _____
Date _____	Charge _____	Location (City & State) _____
Date _____	Charge _____	Location (City & State) _____

_____ being duly sworn says that the statements contained in the foregoing application are true.

Print Name

SIGN _____
President, Partner, Sole Owner

Sworn to me and signed in my presence this _____ day _____, 20 _____.

Notary Public

ANY FALSE STATEMENT MADE IN THIS APPLICATION SUBJECTS THE SIGNED TO PROSECUTION FOR PERJURY AND WILL RESULT IN THE REVOCATION OF ANY LICENSE GRANTED PURSUANT HERETO.

PLEASE INCLUDE SELF ADDRESSED STAMPED ENVELOPE, CHECK OR MONEY ORDER MADE PAYABLE TO THE
CITY OF CINCINNATI
Department of Finance, Treasury Division
801 Plum St, Suite 202
Cincinnati, OH 45202

TREASURY USE ONLY

Date Issued _____ **Expiration Date** _____ **License Fee** _____ A Renewal License carries a 5% penalty, per month, if not renewed within 15 days of expiration. **Date Received** _____