



# AMUSEMENT GAMES DISTRIBUTOR LICENSE APPLICATION

Applicant \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Code  
Date of Birth \_\_\_\_\_ S.S. # \_\_\_\_\_ Sex ( ) M ( ) F

Distributor Name \_\_\_\_\_ Distributor's Phone \_\_\_\_\_

Trade Name of Business \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

**Number of Machines      Name and Type      Distributor/Owner      Room of Machine Location**

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 \_\_\_\_\_

Applicant certifies that he/she has received, read, and is familiar with the Ordinances governing the operation of Pinball and similar Amusement Machines. That all of the conditions imposed by the said Ordinances are met and that he/she will comply with the provisions of said Ordinances and will keep his copy of this Ordinance in the same room as the amusement machines.

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

**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.**

TREASURY USE ONLY

Date issued \_\_\_\_\_ License Fee \_\_\_\_\_

Sticker Number \_\_\_\_\_ License Receipt No. \_\_\_\_\_

Expires \_\_\_\_\_ Date Received \_\_\_\_\_ Records Check Received \_\_\_\_\_