



AMUSEMENT GAMES EXHIBITOR 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 _____