

\$50.00 Annually for Each
Coin-operated Game

1. APPLICATION IS HEREBY MADE BY THE FOLLOWING (check one):

Individual _____ Partnership _____ Corporation _____

(if partnership list information for each partner;
if corporation, for each principal officer)

Name and Title of Applicant(s)	Address	Age	Home Telephone No.	Social Security No.	Criminal Record	
					Yes	No

2. CRIMINAL RECORD (if any) OF: _____

Date(s) of Conviction: _____

Nature of Violation: _____

Jurisdiction(s) occurred: _____

3. FOR A LICENSE TO PLACE THE FOLLOWING DEVICES AT: _____

Principal business and Trade Name: _____

Licensed for arcade No _____ Yes _____ Number of Arcade License: _____

DEVICE

**Type	Description	Serial No.
1. _____		
2. _____		
3. _____		

**Type: PB-Pinball PT-Pool Table V-Video

NAME OF DISTRIBUTOR: _____

LICENSE NO. _____

Name of Applicant _____

Signed by: _____

Title: _____

I have made investigation in compliance with the Ordinances regulating and licensing amusement games and recommend that the license be GRANTED _____ REJECTED _____

DATE: _____

LICENSE NO. _____ FEE PAID \$ _____ DATE ISSUED: _____

Municipal Clerk _____