



Amusement Device License Application

FISCAL YEAR JULY 1, _____ THROUGH JUNE 30, _____

- Device(s) _____ x \$95.00 per device = \$ _____
- Game Room: \$1,400.00 (20 or more devices)

APPLICANT INFORMATION:

BUSINESS NAME _____

ADDRESS _____

CITY & STATE _____ PHONE _____

OWNER/MANAGER _____

LOCATION OF DEVICES: (IF MORE THAN ONE LOCATION ATTACH ADDITIONAL SHEETS)

BUSINESS NAME _____

ADDRESS _____

CITY & STATE _____ PHONE _____

OWNER/MANAGER _____

TYPE & NUMBER OF DEVICE[S] _____

I hereby certify that the information listed above is a complete and accurate description of the amusement device(s) located at the address(s) indicated.

SIGNATURE OF APPLICANT

DATE

For Office Use Only

Date Received _____

License Period: Date of Issue _____ Expires June 30, _____

General License # _____ Business # _____

Amusement Device Sticker Number [s] _____
