



APPLICATION FOR AMUSEMENT PERMITS

| | |
|-------------------|-------|
| Business Name: | _____ |
| Business Address: | _____ |
| Business Phone: | _____ |
| Operation Hours: | _____ |
| Type of Business: | _____ |

SECTION 1: APPLICANT / OWNER INFORMATION

| | | | |
|------------|-------|------------------------|-------|
| Applicant: | _____ | Point of Contact: | _____ |
| Address: | _____ | City, State, Zip Code: | _____ |
| Telephone: | _____ | Email Address: | _____ |
| Owner: | _____ | Telephone: | _____ |
| Address: | _____ | City, State, Zip Code: | _____ |
| Telephone: | _____ | Email Address: | _____ |

SECTION 2: FEE SCHEDULE

| | | NUMBER OF DEVICES | ANNUAL FEE | AMOUNT DUE |
|-----|--|----------------------|---------------|------------|
| 1-A | Original Application (1 st Time Registration) | _____ | \$25.00 | _____ |
| 1-B | Renewal Application (Previous Permits) | _____ | \$10.00 | _____ |
| 2 | Pool Tables | _____ | \$10.00 | _____ |
| 3 | Shuffle Board | _____ | \$25.00 | _____ |
| 4 | Electronic Devices | _____ | \$10.00 | _____ |
| 5 | Other: | _____ | \$10.00 | _____ |
| 6 | Other: | _____ | \$10.00 | _____ |
| | | | TOTAL | _____ |

Applicant's or Owner's Signature: _____

FOR OFFICE USE ONLY

Issue Date: _____ Expiration Date: _____ Permit Number: _____
Date Paid: _____ Amount: _____ Receipt Number: _____