



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: _____