



GAME MACHINE PERMIT

Application

\$15.00 per game machine fee

Date: _____

Receipt No. _____

1. Name of Business: _____

2. Address of Business: _____

Mailing address (if different): _____

3. Phone Number: _____

4. Number of Game Machines/Tables: _____

5. Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

6. Main Use of Building: _____

7. Square Feet in Building: _____

8. Number of Parking Spaces: _____

9. Has the applicant had a license revoked within previous two (2) years? _____

An individual, company, corporation or association shall not operate, display or permit to be operated or displayed such machines until the new permits are granted.

I do hereby declare that the above information given is true and correct to the best of my knowledge. Falsifying information will result in the revocation of the permit.

Applicant's Signature

Date

Approved by: _____

Building Official

Date