



CITY OF CLAWSON
COIN OPERATED AMUSEMENT DEVICE LICENSE APPLICATION

I/We hereby make application as an: Exhibitor Distributor

I/We hereby apply for a: Renewal* New License (*License expires on 12/31 each year)

FEE: Exhibitor** \$ _____ Distributor*** \$ _____
(*Annual Exhibitor Fee is equal to how many machines/types; ***Annual Distributor Renewal fee is \$150.00)

In accordance with said ordinance I/we submit the following information and facts:

Kind of Business: Bar Club/Organization Restaurant

Name of Business: _____

Address: _____

Name of Owner: _____ DL#: _____

Phone Number: () _____ Phone Number: () _____

(If Firm or Corporation, give names of Officers)

Address of Owner (or Officers): _____

Have you, other owners, or managers ever been arrested or convicted of a Felony or Misdemeanor excluding Traffic Violations? Yes No

If yes, explain below or on additional paper, if necessary:

Number of Machine(s): _____

(*Coin-Op Gaming Devices: \$100 per machine and Juke Box: \$50 per machine*)

Please provide information for each coin-operated amusement device below:

| Name of Device | Serial # |
|----------------|----------|
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